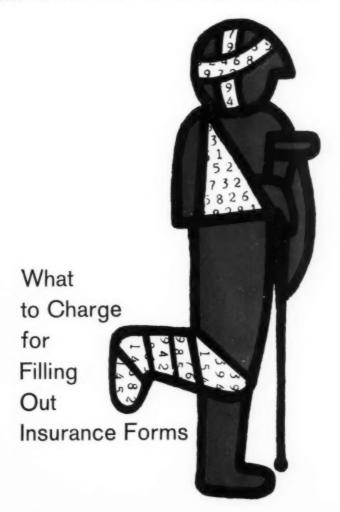
Medical Economics

PUBLISHED EVERY OTHER MONDAY . ISSUE OF JUNE 6, 1960



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Medical Economics

NEWS BRIEFS.

MASS MEETING OF "SENIOR CITIZENS" is scheduled for next month by Dr. Francis Townsend, whose "\$150-a-month-for-everyone-over-60" plan made headlines in the 1930s. Dr. Townsend, now 93, and his followers are pushing for "the Forand bill and then some."

VACATION TRAVEL TIP: Record the various state gasoline, sales, and cigarette taxes you pay in places you visit. They're all deductible.

YOU'RE LOSING MONEY if you've any matured U.S. bonds (other than Series E) uncashed, the Treasury warns. It says nearly \$459,000,000 in such bonds (which draw no interest) is outstanding. If the bonds were cashed and the money invested at 4%, it would return some \$18,354,000 yearly.

WHERE DO YOUR CHILDREN GO TO SCHOOL? this magazine recently asked doctors. Their replies show that 66% of doctors' children are in public schools; 34% are in private or parochial schools.

APANY Ontario

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NEWS BRIEFS

SHOULD THERE BE A REGULATION that only board-certified men can call themselves specialists? this magazine recently asked 1,084 diplomates. Yes answers came from 80% or more of men in 4 fields: dermatology, general surgery, OB/Gyn., and pediatrics.

THE DOCTOR IS SEMI-RETIRED and comes to the proprietary hospital he founded only once a week. Although he's the hospital's nominal president, he has turned its control over to his two M.D.-sons. How much may the hospital pay him as "reasonable compensation"? Says the Tax Court: \$100 per week.

BE CAREFUL HOW YOU REASSURE A PATIENT, or you may leave yourself open to a breach-of-contract suit, warns Plaintiffs' Attorney Melvin Belli. He cites this recent case: A doctor told a patient he'd "be all right" if he underwent electrotherapy. Through no fault of the doctor's, the man was injured. Because of the doctor's verbal promise, the man sued for breach of contract—and won.

BEST WAY TO PICK A FAMILY DOCTOR, the magazine Consumer Reports recently advised its readers, is to "obtain from a local hospital a list of physicians...who are certified by the American Board of Internal Medicine." The trouble with G.P.s, it adds, is that "general practice seems to be going the way of the American buffalo."

DOCTORS ARE LOSING MORE PATIENTS to hospital emergency rooms, the A.H.A. reports. It says the number of such cases has jumped 500% in the past decade.

REMEMBER THE WAGNER-MURRAY-DINGELL BILL? Some of its key backers finally admit it wasn't much good. Says United Auto Workers Official Jerome Pollack: "If we set aside the financing of health care for the aged, few are now seeking Federal...sponsorship of [health] insurance for the unretired. The Wagner-Murray-Dingell bill might have solved some ...problems...but it could have frozen a pattern that already looks archaic after just a few years."

TIP FOR INVESTORS: Although the U.S. stock market recently hit new lows, there's been no such slump on the Tokyo exchange. The Japanese stock index has climbed 300 points in the past year.

NURSES RESENT the A.M.A.'s efforts to get the American Nurses' Assn. to stop supporting the Forand bill. A recent A.N.A. report says: "We believe in the right of the A.M.A. to...try to influence others to adopt its point of view. In this instance, however, it has taken advantage of the close working relationship between members of the two professions...The concept that this relationship is that of master and servant still appears to persist in the thinking and attitudes of many doctors."

NEWS BRIEFS

REMIND YOUR PATIENTS to keep close track of any medical bills they pay for their dependent parents who are over 65. Under a new law, all such expenses are now tax-deductible (not just those that exceed 3% of the taxpayer's income).

DOCTORS HOSPITALIZE PATIENTS LONGEST in New England and shortest in the Far West for identical procedures, new Medicare statistics show. The average stay for an appendectomy is 7.5 days in New England, 5.1 days in the Far West. For childbirth, it's 5.7 days in New England, 4 days out West.

2-YEAR FIGHT BETWEEN RIVAL BLUE SHIELD PLANS in Wisconsin is still going strong. The state medical society, which sponsors the Wisconsin Physicians Service, has just voted to hide all W.P.S. affairs from those doctors on the society's governing board who are from Milwaukee. Milwaukee doctors sponsor a Blue Shield plan of their own; it's in statewide competition with W.P.S.

GROWING THREAT OF MALPRACTICE SUITS is changing the way doctors practice medicine, a new study by this magazine shows. More than 40% of the doctors surveyed said they are now (1) keeping more detailed office and hospital records, (2) ordering more X-rays, (3) referring more patients for consultation, and (4) giving less advice by telephone.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 6, 1960

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Watch Out for Mutual-Fund Purchase Plans! 69

Compulsory programs for buying fund shares don't give you an even break, this investment counselor warns

Can you figure out the per diem dollar value of a lost leg? More and more plaintiffs' attorneys are doing it for sympathetic juries, and resultant high awards are driving up malpractice rates. What can doctors do to counter the trend?

Don't Get Caught With Your Expenses Down!79

Measure them against your total charges, this management consultant suggests, and the ratio may show that you're losing money by spending too little on your practice

What to Charge for Filling Out Insurance Forms . . 86

Some of your colleagues now collect fees for filling out not only underwriting forms, but also those for health and disability insurance claims. Should you? If so, how—and how much? A new survey of 608 physicians provides possible answers to these and other questions you may have

March

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*Trade-mark †U.S. Patent No. 2,890,985

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good financial returns

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If she nibbles all day, you can give her daylong appetite control with just one 'Dexedrine' Spansule® sustained release capsule (taken in the morning).

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SMITH KLINE & FRENCH

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Medical men are more and more cautious, and medical practices more and more streamlined. Where will it end? This man's prediction is impossibly far-fetched, of course. Or is it?

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This new group program for A.A.G.P. members combines annuity and mutual-fund investments. And it may bring benefits not only to the general practitioners but to all doctors

Wake Up to What's Happening in Canada!225

As a result of this week's elections, Saskatchewan may well have fully socialized medicine within a year. What's that to you? This report should start you thinking

BOOK FEATURE

The strength of America is being sapped by 'our sentimental confusion of equality with democracy.' That's the conclusion of Thomas Griffith, assistant managing editor of Time magazine, after world travel gave him a new perspective on the U.S. He sees us bowing too low to the 'average American.' He sees American culture, business, government, even science, being weakened as a result. Unless an elite of superior taste and superior intelligence steps forward and asserts its values, he says, the American way is bound to become strictly second-rate. Mr. Griffith describes himself as a 'round-faced American with a rounding stomach (adding a new ring each year, as a tree does).' But there's no flabbiness in his attack on American muddling in 'The Waist-High Culture,' some of the most significant parts of which appear here

The Book For The Discriminating Physician

- ...who demands unbiased, clinical facts to back up claims of drug effectiveness,
- ... who fully accepts his responsibility to acquire a working familiarity with all drugs—old and new,
- ... who rebels against blindly following the treatment preferences of others,
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You Will Be Satisfied Only With

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Here is the book for the discriminating physician . . .

... who demands not only unbiased answers to the question of which drug is the most effective one for his patient, but also insists on concrete clinical facts—a critical analysis of all drugs available for a particular condition.

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. . . who recognizes the dangers of allergic reactions to such drugs as the sulfonamides, the toxic side effects of such a drug as Neomycin, the patient's intolerance to such medications as animal serums, or possible overdosages of dangerous drugs.

... who rebels against the idea of blindly following the preferences of treatment of others no matter how well known or well qualified they may be—in the treatment of his patients.

This book, DRUGS OF CHOICE 1960-1961, gives you the comfortable feeling that your de-

cisions are based upon understanding and that you are not being directed to a conclusion. For in this new volume, its distinguished editor, Waiter Modell, M.D., and his expanded staff have reappraised all drugs in the light of the almost 800 new ones which have emerged since the publication of the first book in this series. Furthermore they have added eight new chapters which discuss problems of increasing current interest to all physicians who prescribed fugs. In addition a new integrated Drug Index has been incorporated at the back of the book which permits you to look up a drug by trade name and then by generic name without paging through various chapters first to determine the condition for which the drug is recommended.

Why not, then, discover for yourself how much vital help the new 1960-1961 volume can give you. Before you write your next prescription, order a copy.

Edited by WALTER MODELL, M.D., Editor, Clinical Pharmacology and Therapeutics. Written by 46 eminent clinicians and educators.

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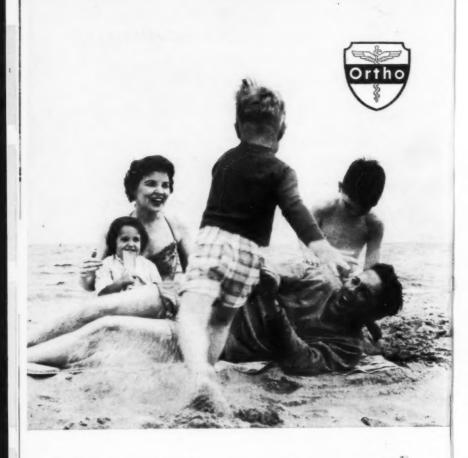
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while they are planning their family

they need your help more than ever



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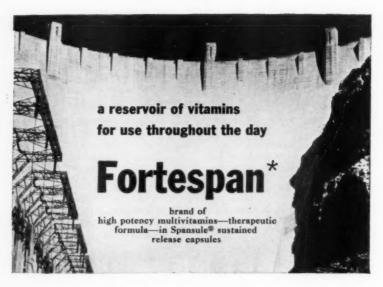


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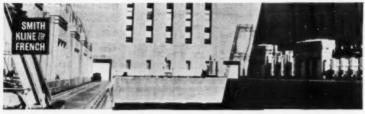
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Letters

Doctor's Hands as Tools

SIRS: In a recent letter to the editor, a doctor professed shock that some physicians admit they sometimes make house calls without proper tools. Come now, Doctor. Haven't you ever forgotten anything? I know I have.

I have five stethoscopes; yet every so often I'll forget to take one along on a house call. I'll either go back to get one or listen to the chest with the bare ear. I have three sphygmomanometers; but once in a while I'll neglect to carry one in my bag. It's amazing how a radial artery pulse can be correlated with a manometric B.P. I have two otoscopes; but when the batteries fail, I can do a gross ear inspection with an ordinary flashlight. And if I overlook a thermometer. I can always fall back on the time-dishonored trick of simply feeling the patient's forehead.

Harold Conrad Jr., M.D. Center Sandwich, N.H.

Social Security Appraisal

Sirs: About 8,000 of the 25,000 members of the Medical Society of the State of New York are not members of the A.M.A. This seems

to me to be a clear vote of nonconfidence in the A.M.A.'s program of opposition to Social Security coverage for self-employed physicians.

Social Security is an economic, nonpolitical necessity for every employed and self-employed American-including self-employed physicians.

> Victor E. Singer, M.D. New York, N.Y.

How to Get in Trouble

SIRS: In a recent issue of MEDICAL ECONOMICS, a doctor says that the worst business mistake he has ever made was his one-time failure to check the references of an aide. who later embezzled \$450. Then he adds: "As soon as she confessed, I called in her mother and, in the presence of them both, threatened the girl with jail unless she refunded the money. I backed up my threat by having my lawyer repeat it in letters to both the girl and her parents."

Though he may not have been aware of it, the doctor made three additional serious mistakes. First, he compounded a felony; secondly,

Continued on page 20

In spite of the enormous growth of the pharmaceutical industry and the tremendous investment that drug manufacturers put into research, the chances of their developing really new drugs that act along new principles . . . remain very small indeed. As a result only a very small fraction of the new preparations that are marketed each year represent such truly new drugs.

New England J. Med., Dec. 3, 1959, p. 1190.

Maltbie Laboratories is proud to announce such a truly new chemical entity: 1-m-aminophenyl-2-pyridone. Its name...

Dornwal

for treatment of anxiety and tension without causing drowsiness

therapeutically outstanding: effectively interrupts tension headache / relieves acute emotional upsets / does not produce depression or depersonalization / is well suited to ambulatory patients / is virtually devoid of hypnotic or sedative activity / patients remain alert without undue stimulation /

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18 MEDICAL ECONOMICS : JUNE 6, 1960

a tranquilizer with minimal side effects: Look at the dramatically low incidence in an unselected group of 593 patients...

Symptoms	Patients	Symptoms	Patients
Drowsiness	9	Tinnitus	1
Sedation	2	Stimulation	3
Nausea	7	Insomnia	1
Pruritus	2	Dry mouth	8
Blurring	4	Exanthema	2
vision	1 1	Tremor	3

DROWSINESS WAS MINIMAL

(only 9 out of 593 patients: less than 2% ... statistically not significant)

Prescribe Dornwal for your next patients who need a tranquilizer but cannot afford to be drowsy. Write for your trial supply.

Indications: anxiety and tension, various types of psychoneuroses, tension headache, menopausal syndrome, alcoholism, premenstrual tension, behavior problems in children.

Dosage: One or two 200 mg. tablets three times a day. Children, one or two 100 mg. tablets two times a day. Administration limited to three months duration.

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No absolute contraindications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal has proved to be relatively free from untoward effects when administered at recommended dosage.

References: 1. Landis, C.; Whittier, J. R.; Dillon, D., and Link, R.: Clinical findings and psychophysiological tests of the effects of a new psychopharmacologic agent: Dornwal, Am. J. Psychiat. 116:747 (Feb.) 1960.

2. Litchfield, H. R.: Aminophenylpyridone, a new mood-stabilizing drug, Arch. Pediat., in press. 3. Cass, L. J.; Frederik, W. S., and Teodoro, J.: Evaluation of Calmative Agents: Revision of methods, Am. Pract. & Digest Treat., in press. 4. Nodine, J. H.; Bodi, T.; Levy, H. A.; Siegler, P. E., and Moyer, J. H.: The use of amhenidone as an ataractic agent in outpatients, American Federation for Clinical Research, New Orleans, Jan., 1960. 9. Cantelmo, A. L.: Clinical evaluation of aminohenylpyridone as a new drug for stabilizing emotional behavior, Current Therap. Res. 2:72 (Feb.) 1960.

Dornwal

Dornwal

PDL-02

Letters

he tried to extort money from the girl and/or her parents by threatening criminal prosecution. Thirdly, he committed himself inextricably to these foolish errors by putting them in writing.

Franklin Chino Chicago, Ill.

Patient-Laureate

Sirs: We recently sent a monthly statement to the wrong patient by error. It was promptly returned—and with it came this poem:

"My heart for friends with rapture fills. I'll share their joys and share their ills. But damned if I will pay their bills!"

Thomas N. Stern, M.D. Memphis, Tenn.

Double-Duty Stethoscope

SIRS: Not long ago, my fatherin-law (who is a general contractor, not a doctor) rushed into my office. He asked to borrow my stethoscope and rushed out again without explanation. When he finally did explain, it was a story worth waiting for:

A leak had suddenly developed in the water system of the school gymnasium he'd completed only weeks before. With the pipes buried under three inches of concrete and hardwood flooring, there seemed to be only one way to find the leak: by tearing up the entire floor.

Then my father-in-law had an idea. Wouldn't an air-compressor—and my stethoscope—make the detective job a lot simpler? His plan was to drain the water from the system, pump air through the pipes, and track down the leak by auscultating the entire gym floor. That's exactly what he did. And it worked. The high-pitched sound of escaping air brought him to within inches of the break—and saved him thousands of dollars.

H. D. Webster, M.D. New Orleans, La.

Man vs. Machine

SIRS: Dr. James D. Hays writes about a phone-answering machine that "covers" for him when he's away from his office. According to his article, the machine tells the caller why Dr. Hays is out and records the caller's name and telephone number.

While an answering machine is better than a bad telephone-answering service (that's why I had such a device for a while), it can never do the job a good service can. It's too impersonal. It can't

Continued on page 25

WHY KNOX SPECIAL DIET BROCHURES ARE BASED ON FOOD EXCHANGE LISTS





VEGETABLE LIST

Each of the following food choices contains little

The American Expension of the Committee of the Committee

IBOU CALURIE DIEL . Choice of any number

BOO CALORIE DIET - Choice of any number

Size Serving 14 to I cup

Asparagua Eggplant Dandelion
Broccoli Lettuco Kale
Bruasela Mushrooma Mustard
sprouts Okra Spinach

sprouts Okra Spinach
Labbage Pepper Turnip green
Lablage Pepper Turnip green
Labbage Pader Sauerkruut
Lebery Greens: String beans
Licony Beet greens Summer squar
Lucumber Chard Tomatices
Labbage Researcher Collards Watercreen

OR You may choose from this vegetable list. Enci of the following foods contains 7 grams carbohy drate, 2 grams protein, 35 calories.

1200 CALURIE DIE! - Chance of any 2

1600 CALORIE DIET - Choice of any 4

1800 CALORIE DIET - Choice of any

One Serving Equals 14 cs Seets Peas, green Carrots Pumpkin

Squash, wir

BREAD LIST

Each of the following food choices contains 15 grams carbohydrate. 2 grams protein, 70 calories.

1400 CALORIE DIET . Chairs of your A

_	Amount to
Broad	1 plice
Biscuit, roll (2" diameter)	. 1
Muffin (2" diameter:	1
Cornbread (112 cube)	1
Cereals, cooked	1, cup
Dry, flake and puff types	Te cup
Rice, grits, cooked.	35 cup
Spaghetti, noodles, cooked	15 cup
Macaroni, cooked	to cup
Crackers, graham (215 sq.)	2
Ovsterettes (12 cup)	20
Saltines (2" sq.)	8
Soda (212* sq.)	3
Round, thin	6
Flour	
Vegetables	
Heans and peas, dried, cooked	
lima, navy, split peas, cowpes.	etc.
Baked beans, no pork	54 cup
Corn	'a cup
Popcoen	I cup

MILK LIST

Each of the following food choices contains 12 grams carbohydrate, 8 grams protein, 10 grams fat and 170 valuries.

1600 CALORIE DIET - Choice of any 2

1800 CALORIE DIET - Choice of any 2

	-			4		•	<u> </u>	_
		41	-	oc.	un.	e	So	1 Car
Whole milk (plain or homogenized	١.						1	cup
*Skim milk							. 1	cup
Evaporated milk							15	cup
Powdered whole milk							١ű	cup
*Non-fat dry milk solids	- 1						4	cup
Buttermilk (made from whole milk	į						1	cup
*Buttermilk (made from skim milk							. 2	cup
You can use the milk on your men	ı	p	la	n		0	d	rink

FAT LIST

Each of the following food choices contains 5 grams fat, 45 calories.

1200 CALORIE DIET - Choice of any 3

1600 CALORIE DIET - Choice of any 3

Butter or margarine (I small pat). I teaspoon

	or margarine			
Cream.	light		 .2	slice tablespenns
L'ream,	heavy		 	tablespon

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vocado (* diameter) centh dressing tablespoon centh dressing tablespoon l or cooking fat I tesspoon stat 6 email rece, 5 email RUIT ALST ach of the following food choices contains 10	Pineapple cup Fineapple cup Fineapple cup Fineapple cup Fineapple cup Fineapple cup Furnes dried cup Furnes dried long Furnes long Watermelon long You may use your fruit fresh, dried, consider, or
ums cartiohydrate and 40 calories. 1700 CALORIE DIET - Chaics of may 5	or frozen as long as no sugar has been added. MEAT LIST Each of the following food choices contains 7 g protein, 5 grams fat, 75 calories.
1600 CALORIE DIET - Choice of any 5	1000 CALORIE DIET - Chaice of any
pole 1" dismeter?	Mest and Poultry insoftium far! Another the American far! A OR. Average Serving (Beef, Lamb, pork, liver, chicken, etc.). I ounce Colorceat (E. B. B.) Livereurs, Landbenn Loaf , diele Prinkfarter (40 per lb.)

Knex Drink

- 1. are authoritative
- 2. eliminate calorie counting
- 3. provide a wide variety of food
- 4. assure a balanced intake of protein, carbohydrate, and fat
- 1. The Food Exchanges Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.
- *Knox Gelatine is an economical source of the a-amino acid lysine.

and a bun

a snack for lunch and run? prescribe...

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Secretary-Treasurer
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MEDICAL ECONOMICS - JUNE 6, 1960 25

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Lown, B., and Levine, S. A.: Current Concepts in Digitalis Therapy, Boston, Linke, Brown & Company, 1954, p. 23, par. 2

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> Foster, H.M.: Clinical Manifestations of Hypometabolism in Women, Am. J. Obst. & Gynec. 77:130 (Jan.) 1959.

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News

They're Keeping Your Money In Mortgages and Bonds

What do life insurance companies do with the money paid to them in premiums? According to a recent survey by the Institute of Life Insurance, they invest a typical \$1,-000 per policyholder like this:

About half is invested in home mortgages, industrial bonds, and

public utility bonds.

The other half is divided among sixteen other kinds of investments, ranging from U.S. Government bonds and municipal bonds to the financing of gas pipelines, jet planes, shopping centers, schools, and churches.

Why Sign Medical Records? 'To Ward Off Lawsuits'

Doctors spend an appreciable part of their hospital hours signing and countersigning entries in patients' medical records. Mightn't they be allowed to save some of this time by signing only once, on the face of the medical records?

Definitely not, agree two doctors who serve as hospital consultants. They feel that cutting down on the number of signatures now required would have several bad effects:

1. It "might lower the quality of patient-care generally," warns Dr. Robert S. Myers in The Modern Hospital. Besides, "the making of an accurate record is important to [a] patient's future care in the event of subsequent admissions to the hospital."

Dr. Charles U. Letourneau concurs. In Hospital Management, he points out that a physician cannot "disengage himself from responsibility for his patient's care" by omit-

ting signatures.

2. It "would affect adversely the education of the house officers." foresees Dr. Myers. "Authentication by the attending physician . . . informs the young doctor of the accuracy of his work-up and his diagnosis."

Dr. Letourneau knows of one attending physician who won't countersign internes' and residents' entries at all. He just rubber-stamps them: "Read as required. This does not constitute verification of the correctness of this report."

But in a teaching hospital, "attending physicians are expected to assume some responsibility for training internes and residents,"

Continued on page 32

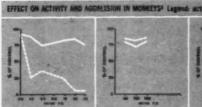


Macaque menkey is characteristically vicious prior to Librium therapy.

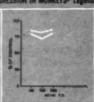


Caim but alert, Librium-treated monkey offers strik-ing contrast to "doped-up" appearance observed with reserpine and phenothiazine derivatives.

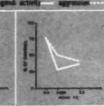
taming effect of Librium on rats, monkeys and mice



Librium*. w. Aggression dramatically reduced; level of activity normal



Meprobamate No decrease in aggression; slight reduction of activity



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Technician holds septal rat in bare hand—an act which would cost him a finger' without the aid of Librium.







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THE SUCCESSOR TO THE TRANQUILIZERS

SUCCESSOR IN SCOPE—Librium covers the entire meprobamate range of therapy plus a portion of the phenothiazine area plus the difficult middle ground between the two. Often effective in obsessive-compulsive neuroses, Librium has a beneficial effect on depression, particularly the agitated type.

SUCCESSOR IN SAFETY—Librium is safer than the most widely prescribed tranquilizing and "equanimity-producing" agents. 4.9.17 Librium lacks the autonomic blocking effects of chlorpromazine and reserpine. It is free from phenothiazine toxicity, extrapyramidal complications and the depressions that often follow reserpine.

SUCCESSOR IN EFFECT—Librium, in addition to relieving anxiety, produces a feeling of well-being, increased drive and a broadening of interest. Librium appears the biggest step yet toward "...a pure neuroleptic or 'easing' action totally distinct from a central sedative or hypnotic one."

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in the office patient troubled by anxiety, tension, and by associated irritability, fatigue and nervous insomnia

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in more severely disturbed patients, including agitated depression, fears, phobias, obsessions and compulsions

Supplied: Capsules, 10 mg, green and black; 5 mg, green and yellow-bottles of 50 and 500.

For complete information regarding indications and recommended dosage, please consult product literature.

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Published Reports on Librium: 1. T. H. Harris, Dis. Nerv. System, 21:(Suppl.), 3, 1960. 2. L. O. Randall, libid., p. 7. 3. J. M. Tobin, I. F. Bird and D. E. Boyle, ibid., p. 11. 4. H. A. Bowes, libid., p. 20. 5. J. Kinross-Wright, I. M. Cohen and J. A. Knight, libid., p. 23. 6. H. H. Farb, libid., p. 27. 7. C. Bretiner, libid., p. 31. 8. I. M. Cohen, Discussant, libid., p. 35. 9. G. A. Constant, libid., p. 31. 8. I. M. Cohen, Discussant, libid., p. 39. G. A. Constant, libid., p. 37. 9. L. J. Thomas, libid., p. 40. 11. R. C. V. Robinson, libid., p. 43. 12. S. C. Kaim and I. N. Rosenstein, libid., p. 46. 13. H. E. Ticktin and J. D. Schultz, libid., p. 49. 14. J. N. Rosenstein, libid., p. 57. 16. D. C. English, Curr. Therap, Res., 2:88, 1960. 17. T. H. Harris, J.A.M.A., 172:1162, 1960.

LIBRIUM^{T.M.} Hydrochloride — 7-chloro-2methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide hydrochloride



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News

points out Dr. Letourneau. "If the physician does not wish to assume this responsibility, he should simply resign from the active staff and accept a courtesy appointment."

3. It "could jeopardize the physician and the hospital if a case involving the medical record came to court," warns Dr. Myers. One unsigned record that turned up in a routine audit of a certain hospital's medical records is a case in point. An interne had examined a middle-aged, emotionally disturbed female. He'd recorded no pelvic and rectal examination, but he had recorded a diagnosis of "psychoneurosis."

On the other hand, the attending surgeon had entered only an operative note and a final diagnosis of "fibroid uterus."

Which diagnosis was correct? "The medical record did not establish this point, but it certainly showed insufficient evidence to justify the [final] diagnosis or warrant the treatment," concludes Dr. Myers. "This would be a most embarrassing record to defend in court."

Doctors' Ideal Vacation: Complete Relaxation

Most doctors want a relaxing vacation rather than an exciting or exotic one. Their most memorable holidays are spent dozing on a beach or camping in the woods, rather than visiting big cities or touring Europe. That's what a recent MEDICAL ECONOMICS survey shows. It asked a hundred doctors to recall their "best vacation ever."

In response, a few cited such unusual items as (1) a private audience with the Pope in Rome, (2) a night spent in Sir Walter Raleigh's bed, and (3) treks across glaciers in Norway, Iceland, and the Arctic Circle. Otherwise the unusual figured in only a few doctors' holidays:

¶ Just one listed as his favorite vacation a trip to New York City to see the latest Broadway shows.

Two sampled night life in Las Vegas—but one of them was happy to move on after a couple of days.

¶ The Caribbean islands were a popular out-of-the-country destination, but mainly because of their slow pace and sunny beaches.

Three-fourths of the surveyed doctors followed the national pattern: They preferred to pile into the family car and take off on a leisurely two-week trip. As often as not, they took the children along.

Besides beaches, favorite destinations included woods and streams for hunting and fishing, camp sites in many national parks. And there weren't many return vis-

Continued on page 37

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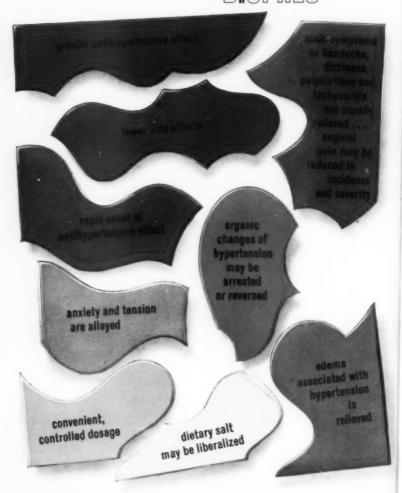
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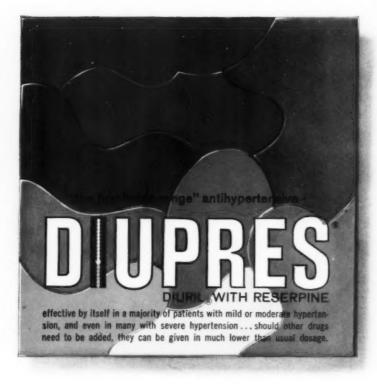
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A Kansas G.P. and his wife could probably qualify as the leading exponents of this theory. They've followed a twenty-fouryear plan to visit all the states and their capital cities. They'd just completed the circuit of all fortyeight when "Hawaii and Alaska threw a monkey wrench into our plans." They haven't yet decided when they'll make the two long trips to keep up their perfect score.

In contrast to this, a few doctors consider an ideal vacation one during which they don't have to move an inch. As one Michigan man describes it: "I hire a locum tenens; then I go out under a tree and read a novel and the Sunday papers from cover to cover."

Court Says M.D.s Practice **Medicine to Make Money**

Doctors practice medicine primarily to make money, the Tax Court has ruled. The Court issued this ruling recently even though Internal Revenue Service argued that physicians don't practice medicine primarily to make money.

The argument began when the I.R.S. tried to make nine Idaho physicians and a dentist pay \$40,-

-News

000 in back taxes. The doctors had formed a corporation fourteen years ago to construct and operate a medical office building. The corporation then leased space to the physicians and to other tenants who conducted businesses associated with the medical profession.

The Internal Revenue commissioner wanted to tax the corporation as a personal holding company, making its tax bill even higher. When asked to determine whether the I.R.S. could do this, the Tax Court had to decide whether the venture could be defined as a "commercial" enterprise under the Internal Revenue code. The Court's conclusion:

"We recognize that the term 'commercial' in its most commonly accepted meaning refers to commerce and trade. But it is also used with reference to other business activities having the production of income as one of their primary aims.

"While to some the practice of medicine may not have the production of income as one of its primary aims, it would be ignoring realities to say that a doctor, or any professional man, does not in all good conscience have as one of his primary motives in practicing his profession the production of a

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News

livelihood for himself and his family."

It then ruled that office rent paid by physicians to a corporation in which they hold stock can't be classified as personal holding company income. So the higher tax rate can't be levied.

Internists' Fee Fight To Be at State Level

The small revolution that has been brewing among internists for higher fees and specialist recognition recently got a boost from the American Society of Internal Medicine. The Society voted to let each of its forty-seven state chapters work out suitable fees for its own area, instead of staging the fight at the national level.

Internists from all across the country put their stamp of approval on this fee-schedule policy at the society's annual meeting in San Francisco last month. The action drew this response from Dr. Clark C. Goss of Seattle, Wash., the society's immediate past president:

"We want to secure recognition of our specialty from insurance companies. Many of them... are thinking in terms of working out suitable fee schedules for internists. But we feel that these [schedules] must be worked out at the local level."

The society's policy in effect clears the path for the setting up of such fee schedules as a recent one proposed by New York internists. The internists there are working toward getting health plans to approve fees that run as much as six times higher than those paid G.P.s for similar services.

But the national society turned down a proposed set of regulations that would require most hospital patients to be seen by internists. Biggest reason: "We felt that it would cause too much irritation among other specialists whom we have to work with," says Dr. Goss.

The High Cost of Saying 'Stay One More Day'

Are doctors driving up Blue Cross rates by keeping patients in the hospital longer than necessary? Many responsible M.D.s are convinced there's little such overuse of hospitals. But the editors of one medical journal point out that even a little overuse can be mighty expensive.

The editors of the Florida Medical Journal figure that it costs a hospital in that state about \$30 a day for each patient. And Florida has more than 4,000 Blue Shield

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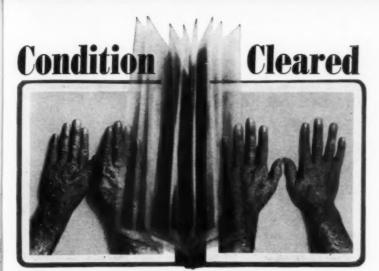
15 cc. Kenal

tubes.

150 G

KENALOG

^{*}See "Internists Are Winning Higher Fees," Jan. 18, 1960, issue,



Chronic eczematous dermatitis

9 days later

Kenalog, a synthetic corticosteroid, provides dramatic relief and control of many common dermatologic disorders. Even chronic, therapeutically refractory conditions, unresponsive to other topical steroids, are often favorably influenced with Kenalog. The powerful anti-inflammatory and antipruritic action of Kenalog produces prompt, satisfying relief of itching and burning. Treatment can proceed

without interruption because topical Kenalog is well tolerated . . . systemic toxicity unobserved . . . electrolyte balance undisturbed.

Kenalog Squibb Triamcinolone Acetonide

for extra protection against infection

A clinically superior topical corticoid with added protection against bacterial infection to rapidly relieve itching, inflamed or infected skin lesions. Kenalog-S
Squibb Triamcinolone Acetonide with
Neomycin and Gramicidin (Spectrocin)

Supply: Kenalog Cream, 0.1% — 5 Gm. and 15 Gm. tubes. Kenalog Lotion, 0.1% — 15 cc. plastic squeeze bottles. Kenalog Ointment, 0.1% — 5 Gm. and 15 Gm. tubes. Kenalog-S Lotion, 7.5 cc. plastic squeeze bottles. Kenalog-S Ointment, 5 Gm. and 15 Gm. tubes. Kenalog-S Cream, 5 Gm. and 15 Gm. tubes. New: Kenalog Spray, 50 Gm. and 150 Gm. containers of 3.3 mg. and 10 mg. triamcinolone acetonide, respectively.

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Squibb Quality—the Priceless Ingredient

PENICILLIN, YOUR FIRST ANTIBIOTIC, NOW SYNTHESIZED FOR IMPROVED ORAL THERAPY

THE NEW, SYNTHESIZED PENICILLIN

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THIS IS THE TABLET

M-275

ALPEN is the oral penicillin that provides, on a fasting stomach, peak antibiotic blood levels approximately twice as high as oral potassium penicillin V... and significantly higher than I. M. penicillin G.

Some strains of staphylococci resistant to other penicillins exhibit in vitro sensitivity to potassium phenethicillin.

ALPEN has greater freedom from the G. I. sequelae (overgrowth of resistant flora) sometimes observed with broad spectrum-mycins.

ALPEN gives much higher antibiotic levels within the first hour of ingestion by the well-tolerated oral route.

WHEN TO USE ALPEN Recommended in the treatment of infections caused by pneumococci, streptococci, gonococci, corynebacteria, and penicillinsensitive staphylococci.

HOW TO USE ALPEN Depending on the severity of the infection, 125 mg. (200,000 units) or 250 mg. (400,000 units) three times daily may be used. In more severe or stubborn infections, a dosage of 500 mg. (800,000 units) t.i.d. may be employed. In beta hemolytic streptococcal infections, treatment should be continued for at least ten days.

PRECAUTIONS The usual precautions in the administration of oral penicillin should be observed. For further details see package literature. Tablets: 125 mg. and 250 mg., bottles of 25 and 100. Powder for Oral Solution (lemon-lime flavored), 1.5 Gm. bottle (125 mg. per 5 cc. teaspoonful).

this is the tablet that gives higher peak antibiotic blood levels

HIGHER THAN I. M. PENICILLIN G HIGHER THAN POTASSIUM PENICILLIN V

ALPEN

Schering

News-

participating physicians. Notes the Journal:

"If just half these physicians permit one excess day of hospital care for one patient, the daily cost amounts to \$60,820." If each of these same physicians permit one patient to stay an extra day throughout the year, "the total cost reaches a staggering \$22,199,300.

"This is almost as much as Florida Blue Shield and Blue Cross together paid in subscriber benefits in 1959... Isolated cases of overutilization of hospitals seem insignificant until weighed in the balance with hundreds of similar cases throughout the state and nation."

A.M.A. Is Called an 'Effective Union'

Organized medicine is actually a "craft union." One of its key functions is to keep physicians' incomes high by keeping the supply of physicians low. And it's doing so very effectively.

That's the contention of Melvin Lurie, University of Connecticut economics instructor. In a satirical article in Current Economic Comment, he says professional-income data prove "that the A.M.A. [is] an effective union . . .

"For the period 1940 to 1954, [there was an earnings] increase of 245 per cent for physicians, 126 per cent for lawyers, and 82 per cent for professors. In my judgment, these differences... are attributable primarily to the differences" in the way these professions' organizations work. The medical men do so well, he maintains, because their organization has a "monopoly control" over the supply of physicians.

Medicine maintains this monopoly, Economist Lurie goes on, through its power to approve medical schools, and by controlling state licensure:

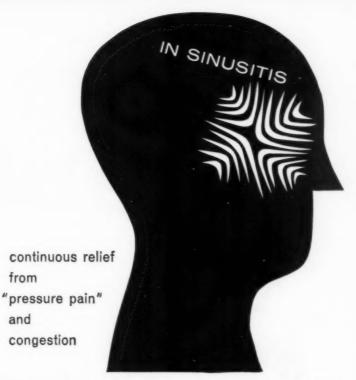
"The A.M.A. has obtained the quasi-legal authority of rating medical schools. Its Council on Medical Education and Hospitals surveys such facilities... and then ... prescribes the number of students a given medical school can educate in order to fall within the 'approved' category."

Then, in a biting analogy, he suggests several ways his own "craft union"—the American Association of University Professors—could boost professors' incomes if it would only "emulate the A.M.A."

For instance, "the National Defense Act of 1958, to the extent that it encourages the production of Ph.D.s...can be interpreted [by professors] as providing competitors for their positions. An

Continued on page 48

Each



NOVAHISTINE SINGLET TABLET

One Novahistine Singlet tablet usually gives prompt and continuous relief in sinusitis. It combines the decongestive Novahistine Effect with a virtually nontoxic, well-tolerated analgesic. Novahistine Singlet relieves pain, opens blocked nasal sinuses, reduces edema and helps restore normal sinus drainage and ventilation.

Dosage: One tablet every 6-8 hours (usually morning, afternoon and bedtime).

Each Novahistine® Singlet tablet contains 40 mg. phenylephrine HCI,8 mg. chlorprophenpyridamine maleate and 500 mg. APAP (N-acetyl-p-aminophenol). Supplied in bottles of 50 tablets.

Novahistine formulas have been prescribed more than 9,000,000 times since 1952—based on National Prescription Audits.



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MEDICAL ECONOMICS · JUNE 6, 1960 45

Your surgical convalescent feels better because he is better with

Durabo



46 MEDICAL ECONOMICS · JUNE 6, 1960



CC. for safe potent anabolic stimulation

+ to maintain positive nitrogen balance

+ to promote rapid wound healing once

+ to restore appetite, strength, vitality

each + to create a sustained sense of well-being + to shorten convalescence, save nursing time

week + to reduce the cost of recovery

A single 1-cc. injection of DURABOLIN each week will help your surgical convalescent return to full-time activity sooner. By creating a positive nitrogen balance, DURABOLIN® promotes rapid wound healing. Outlook, strength and vitality improve, often dramatically. The patient feels better because he is better. In the hospital, DURABOLIN therapy (1 cc. once each week) costs far less than oral anabolic therapy and saves valuable nursing time. Administered in your office, DURABOLIN not only insures your direct therapeutic control, but eliminates the chance of forgotten doses and the possibility of unfilled, costly prescriptions.

Supplied: 1-cc. ampuls (box of three) and 5-cc. vials, 25 mg. nandrolone phenpropionate/cc. Adults: 1 cc. intramuscularly each week, or 2 cc. every other week.



ORGANON INC., W. Orange, N. J.

News-

A.M.A.-like A.A.U.P. would have taxed its membership and lobbied against this form of 'socialized' education."

He also suggests that the A.A.U.P. quietly set up a "restrictionist" program among graduateschool professors to limit the granting of new Ph.D. degrees. "If such practices are questioned, the reply need only note that university professors are attempting to raise their standards."

Another "appropriate function" for the A.A.U.P., he says, would be to "prepare a roster of 'approved' graduate schools... The line would be drawn at new universities offering graduate training, or at undergraduate schools desiring to add graduate education..."

Schools that "defied the A.A.U.P listing and continued to produce potential competitors would simply be labeled 'quack' schools, and their graduates would be referred to as 'quack' teachers. Such an opprobrious term worked wonders to protect the 'legitimate' practice of medicine from being usurped by 'charlatans'; it could work in the same way for organized higher education."

Finally, he suggests that the A.A.U.P. get control of state li-

censure of professors "on the grounds that the health and welfare of the community would [otherwise] be jeopardized... Once state licensing has been achieved, restrictionism is complete."

How a Big-City Dweller Can Be a Homeowner

Not all big-city doctors can commute from a suburban home to a downtown office. Many have to be near their patients; so they rent apartments in the heart of the city. But just because they're city dwellers doesn't mean they can't be homeowners, too. The answer to their problem could be a cooperative apartment.

Right now, co-ops are enjoying a boom such as they had in the Nineteen Twenties, says Changing Times, The Kiplinger Magazine. Their growth in the last decade has been spurred by Federal Housing Administration mortgage loans that provide as much as 90 per cent of the building funds.

How does a co-op operate? Usually a corporation is formed to hold title to the apartment building. This may be a new structure or a one-time rental building converted into a cooperative. To get an apartment, a doctor must buy stock in the corporation. The price depends upon the size and loca-

Continued on page 52

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VALMID® is quick



then quits... lets natural sleep take over



In simple insomnia, usually one Tablet Valmid provides reliable sedation within fifteen to twenty minutes. Because sedation lasts about four hours, Valmid can be administered as late as 3 a.m. and still permit alert awakening.

Nonbarbiturate Valmid is notably safe, even in patients with liver or kidney damage, for whom barbiturates may be contraindicated.





Note Limitations: Valmid will not provide prolonged rest for patients under severe stress.

Dosage: 1 or 2 tablets about twenty minutes before bedtime. Available: In bottles of 100.

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MEDICAL ECONOMICS · JUNE 6, 1960 49

highly effective, we

in rheumatoid arthritis...

for total corticosteroid benefits ATLST

Substantiated by published reports of leading clinicians:

• effective control of inflammatory and allergic symptoms 6-10



• biochemical and psychic balance disturbance minimal ^{a, sup} A F vide chia in th in 19 of hi

Phys fulfil Arts e, well-tolerated control



A Promise Fulfilled - All corticosteroids provide symptomatic control in rheumatoid arthritis, bronchial asthma and inflammatory dermatoses. They differ in the frequency and severity of side effects. Introduced in 1958, Aristocort Triamcinolone bore the promise of high efficacy and relative safety.

Physicians today recognize that the promise has been fulfilled ... as evidenced by the high rate of refilled ARISTOCORT prescriptions. List of References 1-18 supplied on request. Precautions: With ARISTOCORT all precautions traditional to corticosteroid therapy should be observed. Dosage should always be carefully adjusted to the smallest amount which will suppress symptoms. Supplied:

I mg. scored tablets (yellow) 2 mg. scored tablets (pink)

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LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.

News-

tion of the apartment. This stock gives him a proprietary lease which amounts to ownership of the apartment.

There's no rent to pay. But there is a monthly maintenance charge—usually somewhat lower than rent for the same type of quarters would be. The charge covers all maintenance and operating expenses, plus debt service and taxes. To run the co-op, the stockholders elect a board of directors. This group in turn usually hires a property manager for the building.

Owning an apartment under this arrangement, Changing Times says, has both good and bad features. The good:

¶ It eliminates the landlord's profit.

¶ It gives the shareholder the same income tax deductions a homeowner has.

¶ It makes possible a considerable capital gain, since the property may increase greatly in value over the years.

¶ It makes possible good service and maintenance. It also gives owners a voice in selecting their neighbors.

But on the other hand, the magazine warns:

¶ A co-op owner must invest as much as the down payment on a

house to enjoy a somewhat lower monthly "rent."

This "rent" isn't a fixed payment, either. It can go up if the owners decide they want more services.

¶ The co-op owner doesn't have the freedom of choice that an individual homeowner does. He can't pay off his mortgage early or readjust the financing to suit his circumstances. And in remodeling, selling, or subletting, he has to consult his neighbors.

In short, Changing Times warns that a co-op owner's investment depends upon "the fortunes of the group, not [his] own personal fortunes." But if an owner sizes up a co-op carefully before he buys into it, he should find it's no more risky than owning a private house, the magazine concludes.

'Ignore Market Averages When Picking a Stock'

Physicians who invest in stocks are familiar with this warning: Don't rely on a stock market average to tell you how stocks are doing. Now a Boston mutual fund distributor, Vance, Sanders & Co., provides new proof of the truth of this advice.

Stock market averages over the past year have made many investors say, "Stock prices are too high!" But are they? Using New Continued on page 56

PFIZE



pressure in mild to moderate labile hypertension

useful as an adjunct to other types of antihypertensive agents, permitting their use in lower, better tolerated dosage

Professional information available on request

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, N.Y. Pfizer



Science for the world's well-being:



PRESENTING: modern, easy to use aerosol

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hydrocortisone...0.2% pantothenylol.... 2%

the dramatic inflammatory-suppressive, antipruritic, antiallergic efficacy of hydrocortisone . . .

plus the soothing, antipruritic, healing influence of pantothenylol

push-button control in skin inflammation, itching,

allergy



supplied: aerosol containers of 1 oz. and 2 oz.

This non-occlusive foam lets the skin "breathe" as it "puts out the fire" of inflammation — unlike ordinary ointments.

Applied directly on affected area, **pantho-Foam** is today's non-traumatizing way to provide prompt relief and healing in . . .

burns

eczemas

(infantile, lichenified, etc.)

dermatitis

(atopic, contact, eczematoid)

neurodermatitis

pruritus ani et vulvae

stasis dermatitis

u.s. vitamin & pharmaceutical corp.

Arlington-Funk Laboratories, division 250 East 43rd Street, New York 17, N. Y.

News-

York Stock Exchange statistics going back to 1946, Vance, Sanders finds that of 685 stocks listed during all of these years:

¶ A total of 196—well over 25 per cent—closed last year below their 1946 highs.

¶ Of this group, 58 had declined to more than 50 per cent below their 1946 highs.

All of which, says Vance, Sanders, goes to prove "the fallacy of trying to judge the market by some preconceived standard of its general level." What standards should be used instead? The Boston firm recommends:

Evaluate a stock by its current and potential earnings, its dividends, and its growth prospects. If these are favorable, it should pay off "over a period of time, regardless of where some stock market average says the market is when [the stock is] purchased."

Public Funds Help Build These Private Hospitals

Staff doctors often get their backs up when they're bludgeoned into giving large "contributions" to the institution's building fund. But in California the staff doctors weren't asked to pay a penny for construction costs when a new hospital building was put up. Though it's a private institution, the hospital was paid for by a public bond issue.

How did this come about? A campaign led by the United Hospital Fund convinced the citizens of Long Beach that a \$10,500,000 bond issue was a good idea. So they approved it by a vote of 8-to-1.

The bond issue allowed the city to put up hospital buildings and lease them to local institutions at the rate of a dollar a month for the next twenty-five years. Under these terms, the city put up a new 400-bed building for the Seaside Memorial Hospital. And it built two additions that more than doubled the capacities of two other local hospitals.

Despite all the money these buildings cost the city, it has retained only one means of control over their use: It can cancel the lease for any of them if the hospital either (1) loses its accreditation, or (2) charges patients more than do local private hospitals.

But in other respects, the city can't interfere with the lease-holding hospitals. It can't ask to have their budgets submitted for approval. And it can't change their system of making staff appointments.

This is one reason why doctors in Long Beach are enthusiastic about the idea of thus using public funds to help needy private hospitals, reports Dr. William S. Cheney,



With Tampax, women can enjoy active fun ... feel as comfortable and safe as at any other time of the month.

Millions of women have used billions of Tampax. Invented by a doctor for the benefit of all women ...married or single, active or not. Proved by over 25 years of clinical study.

Tampax® internal sanitary protection is made only by Tampax Incorporated, Palmer, Mass. Samples and literature will be sent upon request to Dept. ME-660

TAMPAX SO MUCH A PART OF HER ACTIVE LIFE

News=

president of the Long Beach district of the Los Angeles County Medical Society. True, he adds, the bond issue paid only for construction of the hospitals. Three hundred and fifty doctors later did chip in \$1,000,000 of a \$4,000,000 fund to equip the hospitals. But at least these doctors weren't asked to pay part of the construction costs as well.

Landlord Denies Elevator To M.D.'s Heart Patients

Many doctors can tell sad stories about their experiences with land-lords, but a New York City physician may have the saddest tale of the year: A landlord there has refused to let him and his patients use a service elevator to the doctor's mezzanine office.

To make the landlord grant this service, Dr. Alvan L. Barach, a Park Avenue internist, recently told his story to a city magistrate. But when the doctor and his witnesses had finished, about all the court could offer was sympathy. Here's how the tale goes:

Dr. Barach had leased the mezzanine office nineteen years ago. For eighteen years, he'd been permitted to use a service elevator for his patients, many of whom had heart conditions. The utilization of this service continued even after Dr. Barach began renting on a month-by-month basis rather than by written lease.

Then, about a year ago, a new landlord took over the building and decided to make it a cooperative. This meant Dr. Barach would have to pay \$17,000 to keep his suite. When he refused, the use of the service elevator was denied him.

That's when Dr. Barach took his case to court. But Magistrate Vincent P. Rao ruled the doctor couldn't force the landlord to provide elevator service because he had no written lease specifying it. Said the magistrate:

"I am very angered and annoyed. I don't like the procedure where a landlord uses this as a weapon...[But] I can't do anything."

Neither does Dr. Barach like the procedure. So he'll ask a higher court to rule on the case.

F.H.A. Aid Now Available To Build Nursing Homes

"There's a tremendous need for more nursing homes run by physicians." And a good many physicians are apparently eager to help meet this need by building and operating their own nursing homes. That's the report from Frank C. Bateman, executive director of the Continued on page 62

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in coronary insufficiency



Metamine® Sustained* helps you dilate the coronaries

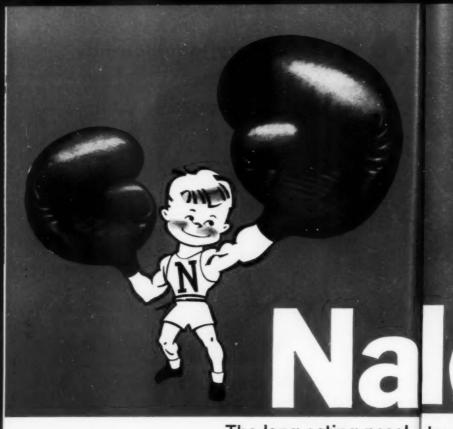


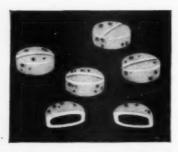
METAMINE SUSTAINED (triethanolamine trinitrate biphosphate, 10 mg., in a unique sustained-release tablet) is a potent and exceptionally well tolerated coronary vasodilator. Pharmacological studies at McGill University demonstrated that METAMINE "exerts a more prolonged and as good, if not slightly better coronary vasodilator action that nitroglycerin . . . "1 Work at the Pasteur Institute established that METAMINE exerts considerably less depressor effect than does nitroglycerin.2 Virtually free from nitrate side effects (nausea, headache, hypotension), METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,3 and, given b.i.d., is ideal medication for the patient with coronary insufficiency. Bottles of 50 and 500 tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTABARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

1. Melville, K. I., and Lu, F. C.: Canadian M.A.J., 65:11, 1951. 2. Bovet, D., and Nitti-Bovet, F.: Arch Internat. de pharmacodyn. et therap., 83:367, 1946, 3, Fuller, H. L., and Kassel, L. E.: Antibiotic Med. & Clin. Therapy, 3:322, 1956.

Thes. Leoming & Co. Inc. New York 17, N.Y. Patent applied for

MEDICAL ECONOMICS · JUNE 6, 1960 59





The long-acting nasal

Superior relief of nasal stuffiness due to sinusitis, through a unique "counterbalanced" formula of four ingredients—two decongestants and two antihistaminics. Round-theclock benefits on only three tablets a day.

BRISTOL LABORATORIES, Syracuse, N. Y.

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Each

Phen Phen

Phen Chlor

SUPF

By ORAL administration

"knock the stuffings" out of nasal stuffiness

due to sinusitis-with

decon

decongestant with the therapeutic "one-two"

Each long-acting NALDECON "tablet-within-a-tablet" contains:

DECONGESTANTS:	Outer Layer (3 to 4 hours relief)	Inner Care (additional 3 to 4 hours relief)	Total Content (6 to 8 hours relief)
Phenylephrine HCI Phenylpropanolamine HCI ANTIHISTAMINICS:		5 mg. 20 mg.	10 mg. 40 mg.
Phenyltoloxamine citrate		7.5 mg. 2.5 mg.	15 mg. 5 mg.

Each teaspoonful (5 cc.) of NALDECON Syrup contains the equivalent of one-half a NALDECON Tablet.

SUPPLY: Tablets, scored, bottles of 50. Syrup, prescription bottles of 16 oz.

1

News

American Nursing Home Association.

Since an article appeared in this magazine about a doctor who operates a nursing home,* Bateman has had more than 300 queries from doctors who want to know how they too can manage nursing homes. And now he has news for such men:

Previously, the few doctors who actually built nursing homes had to rely on private financing. Money from Government agencies was usually available only for non-profit projects. But now a new Federal Housing Administration program makes mortgage insurance available for building privately owned nursing homes.

The final regulations for the program were completed only recently. But already F.H.A. regional offices have nearly 1,500 applications for the mortgage insurance. Here's how the plan works:

The F.H.A. will insure mortgages both for building a new nursing home or for remodeling an existing structure. Builders can get up to 75 per cent of the value of the project with a twenty-year mortgage and an interest rate of 534 per cent. But prospective builders will be carefully screened to insure that the F.H.A.-financed institutions will give high-quality care.

Before they'll be considered for a mortgage, sponsors must show that they'll restrict their services to patients not ill enough to require hospital care. In addition, sponsors must get the state to certify that the nursing home is needed and that it'll be licensed or regulated by the state or local government.

'Why Not Print Paperbacks Rather Than Medical Tomes?'

A physician should feel he can afford to throw out a medical book once it becomes outdated—particularly in these days of rapid medical advances. So why don't medical book publishers put out their books in inexpensive paperback editions? That's the suggestion of a Canadian doctor, writing recently in the Journal of the Canadian Medical Association.

He makes the suggestion after surveying his own library and finding too many books "five years old or more that are virtually worthless." But, he says, it's almost impossible just to toss them out. Many of them are practically "souvenir editions" in expensive goldlettered leather bindings.

It may be all right to argue that books like these are tax-deductible,

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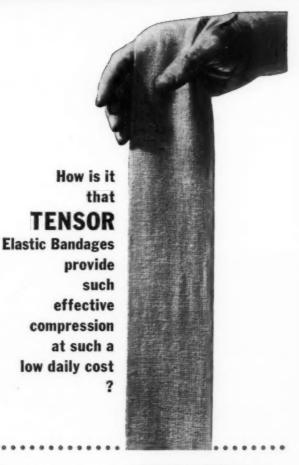
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[°]See "How to Retire on (Not in) a Nursing Home," Sept. 28, 1959, issue.



An exceptionally strong weave... heat-resistant live rubber threads which assure equal pressure over large and unequal areas... positive stretch that resists the effects of sterilizing, machine washing and drying... plus plastic tips to avert pressure points and unraveling. These are improvements that have come from 40 years of elastic goods development by Bauer & Black.

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MEDICAL ECONOMICS - JUNE 6, 1960 63

announcing "Timovan".

completely new calmative



for the temperamental older patient



for the emotional teen-ager



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"Timovan"

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geriatrics and adolescents

Specifically developed for active patients in need of calming without the "slow-down" of sedatives or the hazards of many tranquilizers. "TIMOVAN" offers a new range of safety and effectiveness in the relief of tension in the ambulatory patient, notably the adolescent and the geriatric. Particularly valuable in conditions in which excessive emotional response complicates therapy, as in dermatoses and allergies.¹⁴

- Reduces excessive response to irritating stimuli.
- Stabilizes the autonomic nervous system.
- Nonhypnotic, yet improves sleep pattern.
- No sensitivity reactions or toxicity reported.
- Has not given rise to drug tolerance even on prolonged use.
- · Nonaddictive.
- · Preferred to barbiturates.

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New York 16, N. Y. • Montreal, Canada

DOSAGE: One or two tablets three or four times daily. Depending on age of patient and severity of symptoms, dosages ranging from 100 mg. to 400 mg. daily (in divided doses) have been used effectively and safely.

CONTRAINDICATIONS: Not to be used in cases of acute alcoholism or barbiturate poisoning.

SUPPLIED: "TIMOVAN" No. 739 — 25 mg. tablets. No. 740 — 50 mg. tablets, Bottles of 100 and 1,000.

REFERENCES: 1. Medical Records of Chemiewerk Homburg A / G. 2. Linke, H.: München. med. Wchnschr. 100,969 (June 20) 1958. 3. Quandt, V.J., Von Horn, L., and Schliep, H.: Psychiat. et Neurol. 135:197 (Mar.) 1958. 4. Medical Records of Ayerst Laboratories.

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News.

writes Dr. Norman H. Gosse of Halifax, Nova Scotia. But he'd be just as well off if he could buy the books in cheaper paperback editions and donate the savings to charity.

What better way is there, he asks, to provide current books to medical students too? Cheaper editions would also promote wider sales among doctors in practice. As for the books that a doctor does want to keep, he could later have such volumes done in matching bindings for his permanent library, Dr. Gosse suggests.

These Doctors Are Profiting From an Investment Course

Physicians living far from Wall Street often find that it's difficult to learn the fundamentals of investing. But one group of doctors seems to have discovered an answer to the problem. These men have taken a university homestudy course and then set up their own personal investment programs.

The course they took is the University of Chicago's "Common Sense for the Individual Investor." Enrollment for this course has doubled in the past year. Doctors outnumber any other group of enrollees and have the highest rate of

completion, says Robert E. Allard of the university's Home-Study Department.

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Not long ago, he surveyed doctors who've taken the course to find out how they've fared. Respondents ranged from physicians just starting out to those who've been in practice as long as thirty years. Among those reporting were:

- ¶ A 48-year-old OB/Gyn. man in Olympia, Wash., who has invested \$35,000 in common stocks since taking the course—for a profit of about \$7,000.
- Another OB/Gyn. man, this one in the Midwest, who has shifted \$25,000 that he had in savings bonds to mutual funds and common stocks. His holdings have gone up in value by \$5,000.
- An internist in Texas had been investing exclusively in real estate, resort property, and cash-value insurance. He now has a good start on a profitable portfolio of stocks as well.

What one big lesson did all of the doctors learn from the twelvelesson correspondence course? Almost without exception, says Allard, they've learned not to play tips or hunches, but to study a stock before investing. As a result, every doctor who answered the survey said his new investments had appreciated between 10 and 35 per cent.

CLINICAL REMISSION IN A "PROBLEM" ARTHRITIC

In disabling rheumatoid arthritis. A 62-year-old printer incapacitated for three years was started on Decadron, 0.75 mg./day. Has lost no work-time since onset of therapy with Decadron one year ago. Blood and urine analyses are normal, sedimentation rate dropped from 36 to 7. He is in clinical remission.*

Here convenient b.l.d. alternate desage schedule: the degree and extent of relief previded by DECADRON allows for b.l.d. maintenance desage in many patients with se-called "chronic" conditions. Acute manifestations should first be brought under control with a t.l.d. or q.l.d. schedule.

Supplied: As 0.75 mg, and 0,5 mg, scored, pentagen-shaped tablets in battles of EBC. Also available as Injection DECADRON Phosphate. Additional information on DECADRON is available to physicians on request. DECADRON is a tradomark of Merch & Co., Inc.

From a clinical investigator's report to Merck Sharp & Dohme.



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clinical
conditions...







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68 MEDICAL ECONOMICS · JUNE 6, 1960



how does Meliaril differ from other potent tranquilizers?



Mellaril'

provides highly effective tranquilization, relieves anxiety, tension, nervousness,

but is virtually free of such toxic effects as



jaundice
Parkinsonism
blood dyscrasia
dermatitis

greater specificity of tranquilizing action results in fewer side effects





pecific, effective tranquilizer

"The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

"In conclusion it may be said that thioridazine is at least as effective in relieving psychiatric illness as other drugs of its class. On a milligram for milligram basis it has the same order of potency as chlorpromazine. In its low incidence of side-effects and toxicity, it is superior to all other tranquilizing drugs tested. For this reason it is well tolerated by patients, particularly those who are not hospitalized and who frequently discontinue their medication with other drugs because of dizziness, sleepiness, increased tension, or Parkinsonism."

Supply: MELLARIL Tablets, 10 mg., 25 mg., 100 mg.

SANDOZ

"Mirross-Wright, J.: Newer phonolitisative drugs in treatment of nervous disorders, d.A.M.A. 170;1998, July 11, 1988.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JUNE 6, 1960

Watch Out for Those Mutual-Fund Purchase Plans!

Thinking of signing up with one of the compulsory programs for buying fund shares? They don't give you an even break, this investment counselor warns

By Lloyd Haas

"I've been buying mutual funds under a regular monthly investment plan, but I think I'll sell out and put the money into tax-free municipal bonds," a physician said to me recently. "The bonds are paying a good rate of interest. And the way the market has been acting, I'll feel safer."

Well, why not? No matter

what you may think about the doctor's opinions, it's his right to invest his money as he sees fit. His moral right, that is. For I've been wondering whether he has been able to exercise it. He didn't describe the plan through which he'd purchased his mutual-fund shares. And I didn't ask him.

The fact remains that if the doctor bought his shares under

THE AUTHOR is senior partner of Haas, Raymond & Co., a New York City brokerage firm.

MUTUAL-FUND PURCHASE PLANS

one of those increasingly popular contractual accumulation plans, he may be in for a shock when he tries to sell out. Under certain circumstances, he could lose as much as half his money. To see why, let's look at exactly what the purchase plans are.

Mutual-fund accumulation programs are one of the fastestgrowing investment mediums in the country. If you haven't yet been approached to join one, you soon may be. Already, more than a million people have signed up. And the number is swelling at the rate of 30,000 a month.

There are two kinds of accumulation plan. They work quite differently.

One kind—the voluntary variety—consists of a comparatively informal arrangement. You merely indicate how much you want to invest each month. The mutual fund sends you a receipt for each payment, along with a reminder of the date and amount of your next payment. There's neither a time limit to the plan nor a special investment goal. You pay standard commissions



"She's upstairs, Doctor!"

70 MEDICAL ECONOMICS · JUNE 6, 1960

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ten y fund this s stock on what you buy when you buy Without penalty or extra charge, you can miss monthly payments or drop out of the plan altogether.

The Compulsory Plan

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Another kind-a contractual plan-is something else. When you sign up for such a plan, you obligate yourself to invest a fixed amount every month, usually for ten years. Roughly half of your first-year payments go to pay the commissions on your total intended purchase. Thus, you pay part of the mutual-fund loading charge in advance.

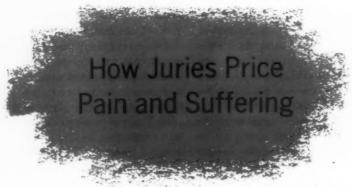
For example, suppose you want to put \$100 a month into a contractual plan. Under one typical arrangement, \$600—half your first year's payments-goes for commissions. In addition, you pay a custodian fee and a Federal issuance tax. Of course, in later years you pay a much lower sales commission.

Just the same, at the end of ten years you've paid the mutual fund a total of \$12,000. And of this sum, only \$10,825 bought stock for you. The rest was eaten up by charges of one kind or another, averaging nearly 11 per cent over a ten-year period. (True, if you'd put more than \$100 a month into the plan, the rate would have been somewhat lower. But if you'd invested less, it would have been even higher.)

The average commission charge over the entire period of a contractual plan will normally be somewhat higher than the average charge under a voluntary plan. This is so because you must pay a custodian fee and a Federal tax under any contractual plan, in addition to the regular 8 per cent loading charge.

If You Drop Out

However, those charges are minor compared with what you'd have to pay if you decided to drop out of the plan before ten years were up. As one prospectus flatly puts it: "No investor should subscribe for a program unless he intends to complete it. Withdrawal or termination by an investor in the early years will, in all likelihood, result in a loss ... If the program is terminated Continued on page 304



By John R. Lindsey

Can you figure out the per diem dollar value of a lost leg? More and more plaintiffs' attorneys are doing it for sympathetic juries, and resultant high awards are driving up your malpractice rates. This article discusses a nation-wide trend toward honoring price tags on pain that are based largely on speculation. It also tells what doctors can do to counter the trend

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ly ov proje for p tion a ability the ne If you're wondering why jury verdicts in malpractice cases are getting bigger and bigger, consider the case of Mike Braddock. Mike was 7, going on 8, when he lost a leg in a Florida train accident. He was 9 when his attorneys sued for \$248,439 in damages. In painstaking detail, they worked out their claim down to the last dollar.

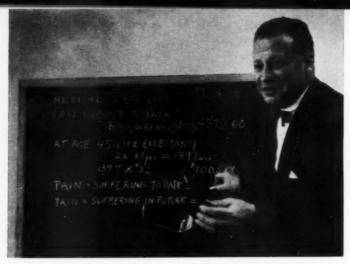
To begin with, they produced testimony that Mike would have to wear an artificial leg for the rest of his life—and that he had a life expectancy of fifty-six years. Then, on the basis of this scarcely overwhelming evidence, they projected a claim for \$102,200 for pain and suffering, humiliation and embarrassment, and inability to lead a normal life, over the next 20,440 days.

For past pain, humiliation, etc., over a period of 395 days, Mike's attorneys asked an additional \$10,262—a claim that works out to more than \$25 a day. They added on claims for medical expenses of \$14,977, plus \$121,000 for loss of earning capacity. Total: exactly \$248,-439.

During their closing argument, Mike's attorneys presented the figures on a man-sized chart for the jury to see and remember. Almost all the figures were based on *speculation*, not on actual testimony or evidence.

The jury's verdict? In one of the most spectacular coincidences in judicial history, it came to exactly \$248,439.

The Mike Braddock case is far from unusual except for the dra-



PAIN CAN'T BE PRICED on the blackboard in New Jersey. That's why Newark Attorney Samuel A. Larner has stopped computing at this point.

matic fact that the jury's award coincided to the dollar with the plaintiff's demands.

Just last year, a Florida appeals court upheld another large verdict (for \$198,339) that followed almost step by step the same speculative yardstick for measuring pain and suffering. And in a New York case several years ago, a \$400,000 verdict against a railroad included an item of \$209,000 for pain and suffering, projected over a twenty-four-year span.

How do such personal-injury awards affect doctors of medicine? To this extent: As such awards get bigger, the awards in malpractice cases also spiral upward. And, more and more, the size of the award is being measured by the almost-impossible-to-measure element known as "pain and suffering" or "inability to lead a normal life."

How can juries set a price on such things? What scientific, economic, or legal guides can they follow? To what extent do courts accept such criteria? What's the trend across the country? And what, if anything, can physicians do about it? ro

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HOW JURIES PRICE PAIN AND SUFFERING

To find answers, I've been studying recent court decisions and talking with lawyers who are familiar with the situation. On the basis of what I've learned, let's begin by taking a look at the main ways in which plaintiffs' attorneys have tried to measure the dollar value of pain and suffering.

One technique they've used has been called the "golden rule" gambit. Fundamentally a "dounto-others" appeal to the jurors, it goes like this:

"Put yourself in the place of my suffering client. Suppose you had to undergo pain like his. How much money would it be worth to you?"

A Newark, N.J., attorney put it that bluntly in a recent personal-injury case. His client had suffered a back injury and had to wear a brace in consequence. The court record quotes Attorney Samuel A. Larner as saying to the jurors:

"You must place yourself in the position of this woman. If you [had] that disability which has been described to you and [if] you were wearing this [brace] twenty-four hours a day, how much do you think you should get for every day you had to go

PAIN CAN BE PRICED in Florida. But some courts there permit the defense attorney (here, Miami's A. Lee Bradford) to erase the dollar claims.



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HOW DOLLAR VALUES ARE SET ON PAIN AND SUFFERING

Here is how the plaintiff's attorneys spelled out a claim for damages for 9-year-old Mike Braddock, who lost a leg a few years ago in a Florida train accident. You'll notice that an unusually large part of the total claim is for such speculative elements as pain, suffering, and humiliation; there are no specific claims for past hospital and doctor bills. These are the figures that were written down on a large chart that was prominently displayed in the courtroom:

Age 9	Life expectanc	y, :	56 years
Pain and suffering to date, 395 days Experience of the accident In the hospital, twelve days First thirty days at home Next 353 days at home	\$5,000 1,200 300 700		
Total past pain and suffering		\$	7.200
Inability to lead a normal life, 395 Humiliation and embarrassment, 39			1,147 1,915
Future medical expenses, 56 years of Check-up by doctor once a year Artificial legs Repairs and maintenance Stump socks Extra pants, shoes, and socks Limb adjustment, every two verses.	r \$ 440 3,600 2,640 985 4,400		
Total future medical expenses			14.977
Future pain and suffering, 20,440 of Future humiliation and embarrassn Future inability to lead a normal li	nent		20,440 40,880 40,880
Loss of earning capacity		1	21,000
Grand total		\$2	48,439*

The jury's verdict matched to the dollar the claim made by the plaintiff's attorneys: exactly \$248,439.

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through this harrowing experience? Or [for] every hour? . . . Would 50 cents an hour for that kind of suffering be too high?"

San Francisco Plaintiffs' Attorney Melvin M. Belli says no court will permit a lawyer to argue the "golden rule" quite that bluntly. But in his book "Blood Money," he says he once made a plea to a jury along these lines (though not in these exact words):

A Matter of Phrasing

"If I were to put on this jury rail in front of you 100 brandnew \$1,000 bills, would you pick them up and put them in your pocket? Would you do that if you knew that in return you'd have to submit to having a leg crushed and torn off? Would you pick them up if you knew that when you were 'well' again you'd have to look forward, for the rest of your natural life, to wearing this contraption every day and every day and every day?"

The California jury was obviously moved by this approach. It took only thirty minutes to bring in a verdict for \$100,000. The

court upheld the award as not excessive.

In the New Jersey case, Attorney Larner was less successful. The trial judge stopped him after his opening bid for "50 cents an hour for that kind of suffering." Such argument was "improper as to the measure of damages for pain and suffering," said the Court. And the jury, apparently taking its cue from the bench, awarded the plaintiff only \$5,-500.

Larner appealed, charging, among other things, that the trial court had erred in refusing to permit him to suggest to the jury a mathematical formula for measuring the dollar value of his client's pain and suffering. But his appeal was denied by the New Jersey Supreme Court.* In one of the most far-reaching recent decisions on the subject, it said:

ys:

[&]quot;In the exception that seems to prove the rule, Attorney Larner won a larger verdict in a second trial, without reference to any mathematical formula. Although the New Jersey Supreme Court refused to permit him to suggest a dollar value for pain and suffering, it ordered a new trial on other grounds: The trial judge had erred in his charge to the jury on the extent of the plaintiff's injuries. Given a second chance, Larner won a verdict of \$26,500. But that's a pretty small judgment compared with awards made in California, Florida, and other states where mathematical formulas have been used.

HOW JURIES PRICE PAIN AND SUFFERING

"There is no measure by which the amount of pain and suffering endured by a particular human can be calculated. No market place exists . . . Reasonable compensation [is up to] the impartial conscience and judgment of jurors who may be expected to act reasonably, intelligently, and in harmony with the evidence . . . This does not mean that jurors are free to fix what they [themselves] would want as compensation if they had sustained the injuries . . . The so-called golden rule may not be applied to such damages."

The point is: The "golden rule" tactic is frowned on in most jurisdictions. But in other respects, according to Attorney Belli, the New Jersey opinion follows the minority rule. Though a lawyer may not use the "put yourself in his place" argument in most states, he may argue for 50 cents or \$1 or more a day.

Let's examine a second technique used by many plaintiffs' attorneys. It's the most commonly used technique-and the most successful.

It calls for the use of a chart or blackboard in the courtroom to illustrate what lawyers call "the dollar-a-day argument." Note that the word is "argument." That, not "evidence," is the correct word, since witnesses may not testify as to the dollar value of pain and suffering.

Continued on page 316

e gave her the boot

We'd asked a local druggist to make up the paste for an Unna's paste boot. The morning the Unna was to be applied, he called us, quite upset. He told us there'd be a delay. Somehow the mixture had been given to the soda fountain girlwho'd then come to him when she couldn't figure out why the marshmallow whip was hardening so fast on sundaes.

-HELEN E. ERICKSON

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Don't Get Caught With Your Expenses Down!

Measure them against your total charges, this management man suggests, and the ratio may show that you're spending too little on your practice

By Donald F. Gearing

"and yet my take-home income just doesn't seem to get any larger."

This discouraged G.P. had called on my firm to help him solve one of the most common problems in present-day practice management. Maybe you've run up against it too. What can you do when you're already

working too hard and too long, your expenses have been carefully held in check, your fees are in line with other local doctors' fees, but your earnings are lagging behind?

I'm afraid I've shocked a lot of doctors by pointing out that the solution to this problem often lies in *increasing* your professional expenses.

At first hearing, such a suggestion sounds silly, doesn't it? How

THE AUTHOR heads D. F. Gearing Associates, business consultants to the medical profession, in White Plains, N.Y.

CAUGHT WITH YOUR EXPENSES DOWN?

can any doctor increase his net income by increasing his costs? Well, it's not silly, and it can be done. Let's see how in a specific case.

The discouraged G.P. I've mentioned practices in a small Connecticut town. Dr. Ballantyne, as I'll call him, felt overworked and underpaid. But his books showed that his professional expenses amounted to only 30 per cent of his professional receipts.*

A Healthy Situation?

This looks like a commendable state of affairs, doesn't it? Let's look further.

Dr. Ballantyne kept only cash records. That is, his books didn't show the value of work done but not paid for. So the first thing my firm did (and it took a lot of digging) was to compute his total charges to patients for the year. We found that he'd done \$32,000 worth of work during the year, although he'd collected only \$25,600 for it.

Then we divided total charges

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Now, such a low figure might sound respectable when you're discussing expense ratios with your colleagues in the hospital coffee shop. But to the cold eye of a practice analyst, it's a certain sign of some serious underlying disorder.

What does it indicate?

He Worked Too Hard

An expenses-to-total-charges ratio of only 24 per cent indicates that Dr. Ballantyne must have been doing many things himself that he ought to have been paying others to do. And this was borne out by our findings as we got further into our study of his practice.

Dr. Ballantyne employed a single office aide—the same one for the last five years. Though not an R.N., she was an excellent all-around helper. Both she and the doctor worked five full days per week plus three nights and Saturday morning. Neither of them could see how they could

into his total professional expenses. We came up with an expenses-to-total-charges ratio of 24 per cent.

The norm in general practice is nearly 40 per cent, according to the most recent MEDICAL ECONOMICS SURVEY.

possibly do any more. "There simply isn't enough time for all the work that needs doing," both said to me independently.

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Both were right. There wasn't enough time for them to manage effectively the practice they were already trying to serve-let alone a larger practice. Both had been forced into bad habits of cutting corners, working overtime, taking work home, and turning away patients.

What was the cure? "Spend more money so you can save more time," I told Dr. Ballantyne. "You need it for serving patients better and seeing more of them."

At first, Dr. Ballantyne was aghast. "How in the world," he complained, "can I afford to increase my expenses? I'm having enough trouble supporting my overhead now."

After further discussion, he



"He sure was cut out to be a country doctor: He don't need much to live on, and he's got insomnia!"

It Pays Him to Keep His Expenses UP

Dr. William H. Ainslie of Metuchen, N.J., practices what the accompanying article preaches. Shown here are six office aids in which he has invested with profitable results



\$1,200 BOOKKEEPING MACHINE produces 800 statements a month, each with a duplicate for follow-up use. Previous billing method required two full days of work per month. The change-over has freed Dr. Ainslie's aide from tiresome tasks that ate up time worth \$1,680 per year.

work, answers the phone in busy hours. This enables the full-time aide to handle records faster and with fewer errors. "Well worth \$1.75 an hour," says the doctor.





mimeograph machine (\$100) turns out instructions for expectant mothers. These have lessened the need for oral instruction. The doctor has "added 500 office visits annually" in the time he's saved.

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PAP SMEARS on the spot resulted from Dr. Ainslie's loan of cash to a local nurse for technician training. Now he pays a fixed price per test, no longer needs to wait for outside reports. Savings: \$1 per test.



\$200 MAILMETER has saved aides' time worth \$84 a year—"not to mention \$50 to their children (plus candy) for helping stamp and seal envelopes," Dr. Ainslie reports.



continuous stationery for followup billing has paid off, too. The forms are cheaper than separate billheads and save a full hour every month in typing time.

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began to see the light. Then things began to happen around his office, as follows:

A full-time nurse was hired. Staff responsibilities in the office were divided into two classes: clinical and administrative. The old aide concentrated on the administration of the practice, the new nurse on the clinical assistant's duties.

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Next, the office filing system was changed from alphabetical filing in drawers to numerical filing on open shelves. New ledger cards and daybooks were designed to suit Dr. Ballantyne's practice. A copying machine was purchased to produce facsimiles of the ledger cards that could be sent out as monthly statements. A dictating machine and an adding machine were purchased. Another phone extension and a second trunk line (unlisted) were installed.

Even the office itself was revamped. The large examining room was partitioned to provide two smaller examining rooms, and both were identically furnished. A nurse's station was carved out of a hallway corner. Here's what it cost in the first year to make all these changes:

New nurse's salary	\$3,640
Old aide's raise	380
New chart system	460
Copying machine	325
Dictating machine	260
Adding machine	165
Exam equip. (2nd han	d) 210
New telephones	120
Remodeling	450
Miscellaneous	125
Total	\$6,135

Careful budgeting and some time-payment contracts made it possible for Dr. Ballantyne to pay these first-year costs out of current income. But would the revamping pay off? Our client simply had to cross his fingers.

At the end of the next calendar year, his books showed these significant changes:

	Before	After
Total charges	\$32,000	\$38,700
Receipts	25,600	34,100
Expenses	7,680	14,500
Net income	17,920	19,600

Thus, in his first full year after the revamping, Dr. Ballantyne Continued on page 330

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What Doctors Charge For Filling Out Insurance Forms

BY WILLIAM N. JEFFERS



Some of your colleagues now collect fees for filling out not only underwriting forms, but also those for health and disability insurance claims. Should you? If so, how—and how much? A new survey of 608 physicians provides possible answers to these and other questions you may have

S hould you ask a fee for filling out your patients' insurance forms? That question becomes increasingly important as your paper work snowballs. Yet you probably don't want to answer with an unequivocal yes without knowing what other doctors are doing.

How many physicians are now charging for such services? Whom do they bill—the patient or the insurance company? What fees are they asking? How many forms a week do they handle? How much of their time does

form-filling take? In order to shed some light on these and related questions, this magazine has asked a representative cross-section of physicians in all parts of the country how they feel about charging for insurance forms, and what—if anything—they've done about it. The results of this survey are presented in the following pages.

The reasons why more and more doctors are asking themselves the fee question are well illustrated in Tables 1 and 2. These show that the typical doc-

CHARGES FOR FILLING OUT INSURANCE FORMS

tor now handles more than a dozen insurance forms each week. Doing so takes him roughly two hours.

Nowadays, of course, most doctors charge routinely for filling out underwriting forms. Since these are so obviously for the insurance companies' benefit, the companies expect (and usually offer) to pay for them. Typical rates: \$7.50 for a full life insurance examination report; \$3 for a summary of a patient's medical history.

But health insurance and disability insurance claim forms are something else again. As shown in Table 3, only 14 per cent of the surveyed doctors now charge for filling out at least some health and disability forms. (Two-thirds of these men charge only when a patient presents more than one form for the same illness.) Typical fee: \$2.

Why do so few men charge? Answer: Most insurance companies still do not pay for this service on the ground that it's up to the patient to supply proof for his claim; and most doctors are reluctant to charge the Blue plans or their own patients.

However, the doctors' reluctance may eventually crack un-

1. How Many Forms* Per Week?

	Percentage of Physicians				Who Handle		
Type of Physician	1-4 Forms	5-8 Forms	9-12 Forms	13-16 Forms		21-40 Forms	
G.P.s	5%	10%	15%	10%	16%	26%	18%
Internists	8	15	16	20	16	20	.5
General surgeons	3	6	13	25	11	33	9
OB/Gyn. men	11	22	21	14	5	23	4
Pediatricians	28	26	24	16	3	2	1
All M.D.s	10	16	18	16	11	21	8

Including health, disability, and underwriting. Source: MEDICAL ECONOMICS survey of 608 physicians.

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2. How Much Time on Forms* Per Week?

Percentage of Physicians Who Spend . . .

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Type of Physician	0 Hours	1-3 Hours	4-6 Hours	Over 6 Hours	
G.P.s	2%	75%	14%	9%	
Internists	2	79	16	3	
General surgeons	8	73	16	3	
OB/Gyn. men	16	72	11	1	
Pediatricians	10	79	9	2	
All M.D.s	7	76	13	4	

^{*}Including health, disability, and underwriting. Source: MEDICAL ECONOMICS survey of 608 physicians.

der economic pressure, the survey indicates. "With the ever-increasing number of forms, we may have to hire another girl," declares an Iowa anesthesiologist. "If so, we'll either have to start charging for each form or else increase our charges generally."

Says an Illinois practitioner: "My insurance paper work has reached the point where it's cutting into the few hours I can devote to journal reading and other important medical matters." And a California internist insists: "The time I spend on the multiple forms in some cases exceeds the time I spend actually treating the patient."

Most doctors who already charge for forms make a clearcut distinction between those they feel are the insurance company's responsibility and those that are the patient's. Thus, they bill the company for answering requests for information; they bill the patient for giving him help in filing his claims.

In the former case, some doctors who ask a fee explain that they can't see doing a huge insurance company's work for free. "Why should I spend what little leisure time I have at my desk for

3. What Fees for Filling Forms?*

Type of Insurance Form	Percentage of Doctors Who Regularly Charge for It	Typical Fee Charged
Commercial health		
(first form)	5%	\$2
Commercial health		
(additional forms)	14	2
Commercial disability		
(first form)	5	3
Commercial disability		
(additional forms)	13	3
Nonprofit health		
(first form)	2	1
Nonprofit health		
(additional forms)	13	2
At least one of the abo	ve	
types	14	2

⁹Including health and disability but excluding underwriting. Source: MEDICAL ECONOMICS survey of 608 physicians.

an insurance company's enrichment?" a North Carolina G.P. asks.

As a Tennessee pediatrician sees it, the hospital record usually gives all the information needed, anyway. "Let the insurance company hire someone to gather it," he says. "Until they do, I'll charge either them or the patient."

And a Florida G.P. adds: "An attorney is paid for his opinion. Why not a physician? My report may well help the insurance company win a case or save money. So it should pay for the service."

A good many physicians feel that when a patient files a claim against an insurer, the doctor is performing a similar service one the patient should pay for. Ve

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"After all, he carries the insurance," remarks an Indiana internist. "It's not up to the doctor to collect it for him."

But don't doctors find that patients sometimes resist these charges? Three-fifths of the doctors who charge fees admit that they've encountered resistance now and then. "But only from idiots and in-laws," reports a Pennsylvania G.P. "Unfortunately, I've got a flock of both."

Reports a California OB/Gyn. man: "I ran into resistance right away. One patient paid the charge, then said he'd never come back again or ever recommend me to others."

'Poor Economics'

The fear of triggering such adverse reactions among their patients deters a number of doctors who've considered charging. Says a New York G.P.: "If I charged for claim forms, I'd alienate a good many patients who are altogether too sensitive as it is." Remarks a Rhode Island internist: "Patients seem to take it for granted we won't charge."

"The possible loss of goodwill

far outweighs the money involved," says a South Carolina practitioner. "Suppose I charged \$1 apiece for ten forms, collected for six, put four on the books, made five patients mad, and lost one patient-all this for \$10 a week. That would be pretty poor medical economics, wouldn't it? Actually, I consider insurance forms part of my services in a case."

The latter view is one of those most frequently expressed by the doctors who were questioned. "Forms are a part of my practice," says a Florida general surgeon. "Processing them is one of the minor crosses we must bear," echoes a New Jersey pediatrician. "We should do all we can to keep our patients from thinking we're guided by the dollar sign."

"Charge?" asks a Pennsylvania gynecologist. "Never! How much do doctors want to make, anyhow? If there's too much moneygrubbing, we'll get it as they did in England!"

"Anyhow," says an Indiana doctor, "why should I bite the hand that feeds me? After all, if

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CHARGES FOR FILLING OUT INSURANCE FORMS

it weren't for health insurance, my collections would be a darn sight lower." And a good many respondents agree with him.

A number of physicians prefer not to charge for a much simpler reason: It isn't worth all the bother. As a Maryland OB/Gyn. man puts it: "My fees are adequate to cover the small amount of extra time the forms take."

A Virginia internist reports: "My secretary fills out the forms as to name, address, age, dates in hospital, office visits, and so forth. I merely fill in the diagnosis and sign the form, which requires only a minute or two. I see no more reason to charge for this than for completing a discharge summary or a hospital chart."

And a Pennsylvania OB/Gyn. man says: "I believe insurance fee schedules are near enough to my fees so that collecting 100 per cent is reward enough for the time spent on the forms."

What's the Trend?

These opinions on why doctors shouldn't charge for insurance forms apparently reflect the thinking of a considerable part of the profession. Yet clearly there's some support for the opposite point of view. Is this support likely to make many more doctors start charging for insurance forms?

Not until they can get together on the idea, the survey indicates. A New York orthopedist speaks for many who don't want to try it alone:

'Mass Cooperation Needed'

"I'd like to see all of us routinely collect a standard feesay, about \$5-for completing an insurance form. But I'm not a militant sort. And I'm not willing to be among the first to move toward it. Obviously, my colleagues aren't, either. Most of them charge for such services only rarely, even though as far back as 1942 our county medical society officially advised us to charge for any underwriting forms.

"Doctors are like sleeping dogs. Let's hope that some day we'll all be awakened into a program of mass cooperation in which every doctor will always charge for filling out insurance forms." END



As a spare-time sportsman, are you a duffer at the game of golf? Then take these tips from a fellow physician. They'll help you learn

How to Be a Good Once-a-Week Golfer

BY VINCENT DE PAUL LARKIN, M.D.

I f you like to play golf—as who doesn't?—you probably begrudge every minute you have to spend not playing but working at improving your game. At least I do. Lord knows, there's little enough time a busy physician can find for golf. Yet I've met a surprising number of doctors who feel duty-bound to spend sweaty hours at the practice tee.

If that's the case with you, here's good news: More and more golfers are discovering how to cut their scores and to practice less while doing so. Duffers no longer, they're able to spend far more time on the fairway, where they really want to be.

Sound too good to be true? Actually, it's simply a matter of using a little common sense, applying yourself to the task at hand, and making slight revisions in your playing technique. Let me tell you about some of

THE AUTHOR, a pediatrician in Forest Hills, N. Y., is a six-handicap golfer. He is also pres'-dent-elect of the American Medical Golfing Association, which holds only one tournament a year (on the first day of the June A.M.A. convention).

HOW TO BE A GOOD ONCE-A-WEEK GOLFER

these short cuts to a better game. None of them will guarantee your breaking par; but I know from my own experience that they will help you become a good once-a-week golfer.

The Baseball Grip

Take that revolutionary development, the baseball grip. Identical with the standard overlapping grip except that all ten fingers are on the shaft, it's being taught by an increasing number of golf professionals.

Among the grip's advocates are Art Wall, who won the Masters Tournament last year, and Bob Rosburg, the 1959 champion of the Professional Golfer's Association. That's imposing support. Another of the baseball grip's stanch supporters is Johnny Revolta, who has won close to thirty tournaments as a professional. Now head pro at the Evanston Golf Club in Skokie, Ill., Revolta thinks the baseball grip is the best thing that's ever happened to the week-end player.

"I believe that within ten years the baseball grip will be taught and used almost exclusively," he says. "I've had phenomenal success teaching it. When the average golfer uses the overlapping grip, it often results in a distortion of his arm muscles. But the ten-finger grip builds up no such tension. It permits the golfer to swing his club more freely, helping keep the right elbow closer to the body—an important part of any good swing. I never stop being amazed at the speedy progress my pupils have made when they use this grip."

The Shortened Backswing

Another recent innovation is the shortened backswing. Neither as popular nor as radical as the baseball grip, it has been adopted by many doctor-golfers I've talked to. They argue that it stimulates a neat, simple swing —one that remains sound even without constant play or practice.

Doug Sanders is a young pro whose tournament record supports this theory. Sanders won the Canadian Open as an amateur in 1956, and he has won several important events since. T

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He uses a wide stance and a very short backswing-about a quarter shorter than most golfers'. Sanders is noted for his ability to play good, consistent golf even after long periods of inaction. So he's particularly well equipped to give advice to us part-time players.

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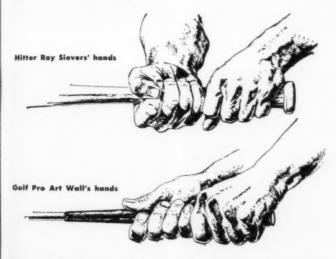
nce.

"My swing is just the thing for

the week-end golfer," he says. "The farther back you take the club, the harder it is to groove or time-your swing. This is especially true for the guy who plays only once in a while. With my swing the error margin is reduced, and you get a squarer, more solid hit."

I don't know of anybody who

The Newest in Grips



THE BASEBALL GRIP is now being taught by several pros as a more natural and relaxed successor to the standard overlapping grip. Top drawing shows a baseball batter's grip; the lower, the similar golfer's grip.

HOW TO BE A GOOD ONCE-A-WEEK GOLFER continued





A SHORTENED BACKSWING for increased control and accuracy is favored by Dou





96 MEDICAL ECONOMICS · JUNE 6, 1960





red by Doug Sanders, a top tournament pro. Here he demonstrates with an iron.





MEDICAL ECONOMICS · JUNE 6, 1960 97



employs as short a backswing as Sanders does. But with a swing simplified along these lines, many doctor-duffers have found that they're hitting the ball much straighter. Since they're also hitting the ball more squarely, they often get a gratifying increase in distance as well.

So much for innovations in technique. They may not be as easy to adopt as they are to describe. So don't forget the golf pro who'll help you master them.

Since most physicians are too busy to make a separate trip for a golf lesson, they set up an appointment with a pro just before fa

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Relieves the anxiety behind the tension

Miltown not only calms the surface agitation of your nervous patient. It also helps you dispel the underlying fears and frustrations-the anxiety behind the tension.

the tension.

And Miltown has none of the additional actions that you often find in many other tranquilizers. There are no antihistaminic, antiemetic, anticholinergic or adrenolytic effects. Furthermore, Miltown has a simple dosage schedule and does not produce cumulative effects, change in appetite or libido, ataxia, Parkinson-like symptoms, jaundice or agranulocytosis.

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HOW TO BE A GOOD ONCE-A-WEEK GOLFER

the time they plan to play. Then they can move onto the course as soon as the lesson's over. Most present-day pros realize how important the time factor is to a medical man. So they try to teach the fundamentals of the game without trying to accomplish the impossible.

One Eastern pro told me recently: "I'm a reasonable fellow. I know that most of my doctorpupils don't have the time or desire to win the Open. All they want is a simple, effective swing."

Working at It

Of course, a certain amount of practice is necessary, too. Practice used to be an ugly word to a lot of physician-friends of mine, since it meant a time-consuming trip to the golf course for work, not fun. But in recent years, indoor golf schools and outdoor driving ranges have popped up all over the country. The schools exist even in towns with populations as low as 20,000. And driving ranges are a common sight on almost any highway. Most such establish-

ments feature driving tees and qualified teaching professionals. Some of the more elaborate ones offer putting greens and sand traps.

You can do your practicing at home, too. For example, Gene Sarazen spends five minutes every evening swinging a driver fitted with a club head that's several times heavier than normal. It has given his hands, wrists, and forearms unusual strength. Though he's now 58, the twotime U.S. Open champion can still hit the ball almost as far as the younger professionals. As a matter of fact, in the 1958 British Open-thirty years after he'd first appeared in the tournament -Sarazen tied for sixteenth place. This, despite playing thirtysix holes on the final day.

Practice Gimmicks

Here are some other ideas and inventions you may find it worthwhile to adopt, adapt, or buy:

¶ Paul Kelly of Ossining, N.Y., faithfully practices his putting every night on the livingroom rug. He doesn't stop until

Continued on page 104

The

new controlled study confirms outstanding advantages of sustained vitamin availability



─ "S.A.Vīte"

The first controlled-release therapeutic multivitamin formula

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gtil a single
"S.A.VITE" Tablet
assures
predictable
sustained availability
of essential vitamins
throughout the day

for better absorption
and utilization
—less wastage

through excretion

IN A CONTROLLED STUDY*

average serum and urine excretion levels of water-soluble vitamins were compared after "S.A.VITE" and after a conventional multivitamin preparation of equal potency were administered to a group of healthy, young male medical students. Preceding the testing of each preparation there was an interval of one week, during which time the subjects consumed a normal diet (without supplementary vitamins), and from which the basal nutrient intake was determined (base line values).

BLOOD LEVELS

After 8-12 hours, blood levels of the water-soluble vitamins were found, in each case, to be consistently higher and more sustained with "S.A.VITE" than with the control multivitamin tablet.

URINARY EXCRETION

Urinary vitamin excretion, on the other hand, was significantly lower for "S.A.VITE," suggesting greater vitamin utilization and tissue saturation with this "controlled-release" product.

CONCLUSIONS

In marked contrast to conventional once-a-day multivitamin formulations, "S.A.VITE" ensures optimal utilization with minimal loss through excretion. Now, for the first time, a multivitamin tablet offers the benefits of divided dosage with a single administration.

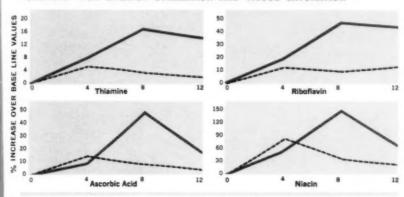
*Krehl, W. A.: Clinical Evaluation of a Controlled-Release Vitamin Tablet, to be published.

"S.A.Vīte"



AYERST LABORATORIES New York 16, N. Y. • Montreal, Canada INCREASE OVER BASE LINE VALUES

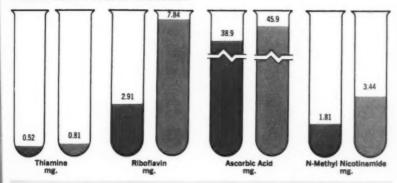
VITAMIN BLOOD LEVELS CONSISTENTLY HIGHER AND MORE SUSTAINED WITH "S. A. VITE" FOR GREATER UTILIZATION AND TISSUE SATURATION



Average Increase in Serum Levels over Base Line Values -4, 8, and 12 Hours after Administration of "S.A.VITE" and a Control Multivitamin Preparation of Equal Potency

"S. A. VITE" ------ CONTROL MULTIVITAMIN PREPARATION

URINARY LEVELS SIGNIFICANTLY LOWER WITH "S. A. VITE" SHOWING LESS VITAMIN LOSS THROUGH EXCRETION



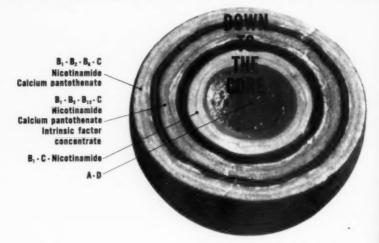
Average Increase in Urinary Exerction Levels over Base Line Values — 16 Hours After Administration of "4.4.vita" and a Control Multivitamin Preparation of Equal Potency

'S. A. VITE" CONTROL MULTIVITAMIN PREPARATION

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HOW "S.A.VITE" ASSURES SUSTAINED VITAMIN AVAILABILITY



SEQUENCE OF CONTROLLED RELEASE*

Each tablet contains:	1. The outer layer dissolves, releasing:	2.The middle layer releases:	3.The core releases:
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Vitamin B2 12.5 mg. Nicotinamide 50.0 mg. Vitamin B4 3.0 mg. Calc. pantothenate 10.0 mg.	7.5 mg. 20.0 mg. 3.0 mg. 5.0 mg.	5.0 mg. 20.0 mg. 5.0 mg.	10.0 mg.
Vitamin C	100.0 mg.	100.0 mg. 5.0 mcg. 15.0 mg.	50.0 mg.
Timetable of controlled	½-¾ hr.	11/2 hrs.	3 hrs.

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Supplied: No. 797, bottles of 60 and 500 tablets.

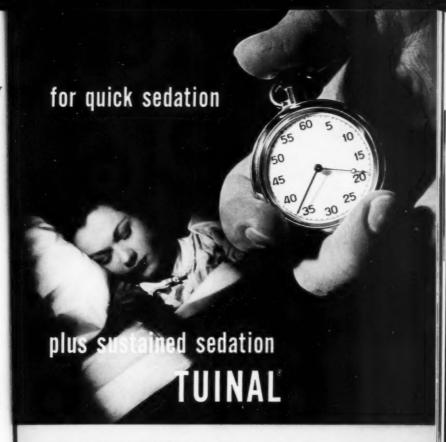
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- takes effect in fifteen to thirty minutes
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Each Pulvule Co-Pyronil contains:

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Pyronil maintains relief for eight to twelve hours. Histadyl and Pyronil together provide antihistaminic action within fifteen to thirty minutes and relief that lasts for eight to twelve hours.

• Also supplied as Suspension and Pediatric Pulvules.

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HOW TO BE A GOOD ONCE-A-WEEK GOLFER

he has made at least ten in a row from about ten feet. Before he turned pro last fall, Kelly won nine amateur tournaments in the New York metropolitan area. Chief reason: his remarkable putting touch.

The British firm of Lillywhites in London has brought out a new device called the "Swing-rite," which is designed to groove the golf swing. It feels like a regular golf club, though it's much shorter and can be swung with safety indoors. If you swing it correctly, it makes a sharp click at the moment you'd be making impact with the ball. If the click comes before the impact, after it, or not at all, certain specific and fundamental errors in the swing are revealed. (I'm told that the Swing-rite will soon be available in the U.S. for about \$15.)

¶ One of Ben Hogan's favorite habits was to carry a rubber ball and squeeze it whenever he had the chance. Hogan felt that this practice strengthened his hands and forearms. (But note: On one occasion Hogan passed this tip to another pro who was on his

way West to play in an important tournament. During the entire train trip, the professional continued to squeeze his rubber ball. By the time he reached his destination, his hands were so weak that he could barely hold his clubs. So don't overdo it—especially if you're a surgeon.)

Set Up a Schedule

Those, then, are some of the short cuts I suggest for busy colleagues who want to improve their golf. Using them, you ought to be able to develop a basic program. It might go like this:

1. Plan to take a couple of lessons at the beginning of each season, either at an indoor school, an outdoor range, or a golf club. Every golfer has errors in his game that can be discovered only with trained help. Explain to the pro that you want a simple, reasonably effective swing that will stand up without excessive practice.

As part of this simplified swing, try shortening your backswing to a point where it still feels comfortable.

Continued on page 108

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To control fear, frequency, and severi

and severity of anginal attacks

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EQUANITRATE helps control pain and accompanying anxiety in angina pectoris. It reduces the number and severity of attacks, increases exercise tolerance, and lessens nitroglycerin dependence.

A recent double-blind studyt comparing meprobamate, a placebo, PETN, and EQUANITRATE states: "The best results...in both clinical and electrocardiographic response, were observed with a combination of meprobamate and pentaerythritol tetranitrate [EQUANITRATE]..."



For further information on prescribing and administering EQUANITRATE see descriptive literature, available on request.

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†Russek, H.I.: Am. J. Cardiol. 3:547 (April) 1959.

Supplied: EQUANITRATE 10 (200 mg. meprobamate, 10 mg. pentaerythritol tetranitrate), white oval tablets, vials of 50 EQUANITRATE 20(200 mg. meprobamate, 20 mg. pentaerythritol tetranitrate), yellow oval tablets, vials of 50. *Trademark

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each packet is equivalent to one rounded teaspoonful of Metamucil powder.

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convenient, premeasureddose packets

> delightful, mild lemon flavor

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HOW TO BE A GOOD ONCE-A-WEEK GOLFER

3. Try the baseball grip. But before actually playing a round, hit a bucket or two of practice balls until you feel sure you're using it correctly. If the new grip doesn't work after a genuine trial period, it won't be hard to go back to your old one.

4. See if you can't manage at least a weekly trip to an outdoor range or indoor school. Stop in during your lunch hour, say, or on your way home from the office.

Take advantage of the devices you can use at home: a weighted driver, a rubber ball, or plastic golf balls that you can hit in your back yard.

6. Keep a putter and some golf balls handy. Putt on a rug indoors as often as you can. Set a goal of some sort to sharpen your concentration, like five putts in a row made from ten feet. You'll be amazed at how much your putting improves.

And remember one more thing. Once you're out on the course, try to relax and enjoy the round, no matter how bad your luck seems to be. As a physician, you ought to be particularly conscious of one important rule of golf that you won't find in the books: A player's score climbs in direct proportion to his blood pressure.

Safe and sane

The distinguished chief surgeon emeritus had been invited back to watch a rare operation. Since he was only to observe, he merely donned a surgical gown over his regular clothing before heading for the O.R.

He was stopped at the door by a young nurse. "Sir," she said, "you can't go in with those wool trousers on. There might be a spark in there."

The old surgeon looked at her sadly. "Young woman," he said, "I assure you there hasn't been a spark in these trousers for at least ten years."

—BETTY JOHN

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When blood pressure must come down

When you see such symptoms of hypertension as dizziness, headache, and fainting, your patient is a candidate for Serpasil-Apresoline. Often when single-drug therapy fails, Serpasil-Apresoline can bring blood pressure down to near-normal levels. In addition, it reduces rapid heart rate, allays anxiety.

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Apresoline hydrochloride; Tablets #1 (half-strength, scored), each containing 0.1 mg. Serpasil and 25 mg. Apresoline hydrochloride.

Rx New SER-AP-ES^{1.m.} to simplify therapy of complicated hypertension

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Tablet Maalox: 0.4 Gram (equivalent to one teaspoonful), Bottles of 100.

Tablet Maalox No. 2: 0.8 Gram, double strength (equivalent to two teaspoonfuls), Bottles of 50 and 250.

Samples on request.

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110 MEDICAL ECONOMICS · JUNE 6, 1960

Help Your New Aide To Help You

She may have years of experience, but she now has a problem that only you can help her solve: adjusting to a new boss. Follow these suggestions and cut the agony short

By Horace Cotton

Not long ago, in my capacity as a medical management consultant, I spent three days surveying a general practice in a Southern state. I'd originally assigned two days to the task. The extra day became necessary when the doctor asked me to try to find out why his top aide hadn't panned out as well as he'd thought she would.

"She's been with me for six

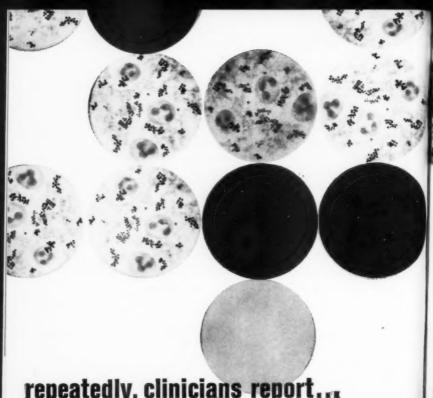
months, but she just hasn't settled down," said Dr. Newcome, as I'll call him. "When she worked for old Dr. Senior, she was his only employe. She had to do everything. He often told me what a prize she was. Now, with two other girls to share the work, she seems unhappy, and she's not doing a satisfactory job. I don't understand it."

Continued on page 114

THIS ARTICLE is the fifth in a series. Earlier articles dealing with finding, hiring, and training an aide appeared in the Feb. 15, March 14, April 25, and May 23 issues of MEDICAL ECONOMICS.

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repeatedly, clinicians report... effective results against staphylococci

"Chloramphenicol (CHLOROMYCETIN) was the only widely used antibiotic to which few of the strain were resistant."

"Emergence of staphylococci resistant to chloramphenicol has rarely occurred since the development of this drug, except in an occasional clinic where it has had wide use in a closed population." 2

"Chloramphenicol (CHLOROMYCETIN) has been an effective agent in the treatment of staphylococci infections."3

"The antibiotic of choice in this series was chloramphenicol."4

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 m in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeautic agent and, because certain blood dyscrasias have been associated with administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain old drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

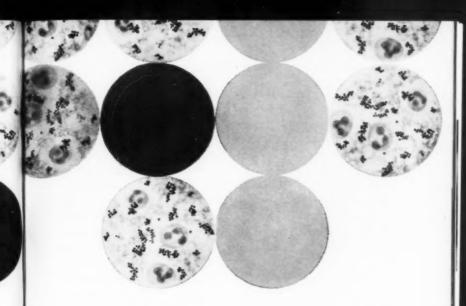
References: (1) Finland, M.; Jones, W. F., Jr., & Bennett, I. L., Jr.: Arch. Int. Mcd. 104:365, 1959. (2) Welch, H., in Welch, H., & Finland, M. Antibiotic Therapy for Staphylococcal Diseases, New York, Medical Encyclopedia, Inc., 1959. p. 16. (3) Nichols, D. R., & Martin, W. Surg. Cymcc. & Obst. 107:323, 1958. (4) Knight, I. C. S., & Nolan, B.: Brit. M. J. 1:1224, 1959.

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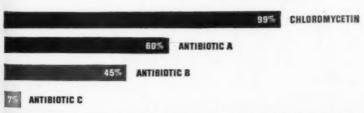
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Staphylococcus aureus, coagulase-positive, was isolated in pure culture from 99 of 100 consecutive cases of puerperal breast abscess requiring surgical treatment.

Adapted from Knight & Nolan

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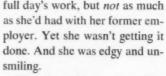
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AVIS

HELP YOUR NEW AIDE TO HELP YOU

I unearthed the reasons, I think. Because they weren't peculiar to Dr. Newcome's office, you may well be interested in them. In ten years as a management consultant, I've met the same sort of situation many times. So although the following pages deal with the troubles of Dr. Newcome and Janet Herndon, his aide, everything I say can be useful to you.

Janet ran the front office. She made appointments, answered the telephone, filed charts, kept the daybook, posted patients' accounts, sent out monthly statements, followed up slow-pays and delinquents, and did all the banking, bookkeeping, and typing for her G.P.-boss. She had a



The other aides employed by Dr. Newcome were a registered nurse and a girl whom he'd trained to be a combination of practical nurse, lab girl, and X-ray helper. They'd been with the doctor for a couple of years. Business was brisk for them too. But they were equally brisk—and smiling.

On the evening of the third day, I went to Dr. Newcome's house for a long talk, which we recorded. The rest of this article comes from the transcript of our conversation:

COTTON: I don't think you need consider replacing Janet. She knows her job and knows it thoroughly. But—well, do you mind if I make a few general comments before we get down to the details of what's troubling her?

Dr. N.: Shoot. What I want to know is how a girl with such a good record can turn so sour.

Continued on page 118



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anticholinergic KEEPS THE STOMACH FREE OF PAIN

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COTTON: There's a tremendous variation in the ideas of different doctors on how to run a medical practice. Consciously or unconsciously, every physician tries to condition his helpers to do things his way. So when a girl goes to a new employer, she has to adjust. It isn't easy.

I know a surgeon who says: "A medical assistant never thinks any employer is fit to clean the shoes of the first doctor she worked for." And I know an internist who refuses to hire a girl who has worked for another doctor. "I can't live up to my predecessors," he explains.

DR. N.: You mean that Janet weighs me in the balance with old Dr. Senior and finds me wanting? But I couldn't possibly hire a beginner for my front office. I don't know enough about secretarial work to correct the mistakes of an inexperienced girl. And—let's face it—I'm too busy to keep school.

COTTON: Granted. I'll restate my point. A new aide has *two* main problems when she swaps employers. She has to adjust to the new doctor, the new patients,

and new fellow workers, if any. That's the personal adjustment problem. She must also adjust to a new office, new equipment, and new routines. That's the physical adjustment problem. Now, do you know how Dr. Senior and Janet worked together?

Dr. N.: To be honest, I don't. I do know that they were together nine years.

The Old Relationship

COTTON: She tells me that when she went to work for him, he started right off instructing her in the fundamentals of medicine and the care of sick people. He didn't lecture her, you understand. He just talked with her between patients. In her present job, she naturally doesn't get that cracker-barrel medical wisdom. And she misses it.

Dr. N.: I don't see what I can do about that. I can't picture myself going up front between patients to chat with Janet.

COTTON: I don't suggest that you should. But you've taken over a lot of Dr. Senior's old patients, and she's a mine of information about them. She doesn't



off to a good day-constipation relieved

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AS-MROZ

know what to do. Should she offer to tell you what she knows, or should she keep quiet? She's afraid of being snubbed if she does speak up. You know, you're a little on the formal side.

DR. N.: It's true that I've always maintained a strictly business attitude toward my office help. I keep 'em busy, and I don't confabulate.

COTTON: I've also discovered that Dr. Senior took her into his confidence in a lot of little ways. She kept his personal checkbook and paid all his domestic bills. He let her decide what color to paint the office, what style of printing to use for the letterheads, what make of typewriter to buy, what business methods to follow. That sort of thing. So she felt she was a significant person.

Welcome Her Help

You're not Dr. Senior, of course, and you don't want to be. But you don't have to give a blank check to an aide to make her feel significant. You can welcome her help in improving routine procedures that are within her province. For instance, she's

worried about your collection methods, which seem to her to be less effective than her former employer's. But she hesitates to broach the subject to you.

Dr. N.: For God's sake! Does she think I'll bite her?

COTTON: She isn't sure. You see, you've told her—emphatically, she says—that you don't want anything changed. "Just do things the way we do them now," you said on her first day here. Now, Dr. Senior's collection percentage was much better than yours. Janet would like to try the methods that were so successful in her previous job. She takes collection seriously, and your system is giving her ulcers.

Dr. N.: Well, all she has to do is tell me what's wrong, and I'll change fast enough. I'm not an ogre, you know.

COTTON: There's more to come. She says that the only time you've entered the front office in a month, you walked in and bawled her out in front of the patients.

Dr. N.: I remember the occasion. She'd fouled up an insurance form, and the patient was



anorectal comfort in minutes For full symptomatic control in hemorrhoids, proctitis and pruritus ani start treatment with 2 Anusol-HC suppositories daily for 3 to 6 days to eliminate all inflammatory symptoms rapidly and safely. Then maintain lasting comfort with 1 regular Anusol suppository morning and evening and after each bowel movement. Neither product contains analgesics or narcotics, will not mask serious rectal pathology.

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AH-HS02

giving me hell. The next day—well, I didn't exactly apologize, but I tried to let her see that I knew the real reason she'd messed it up. The patient had told her the wrong story in the first place.

COTTON: She appreciated that. But that was the next day. If you'd chewed her out in the privacy of your consultation room, she wouldn't have felt so bad.

I've mentioned these things, Doctor, to illustrate my point that Janet hasn't yet realized that your bark is worse than your bite. By the way, did you know that Dr. Senior encouraged her to visit with his patients in the reception room? He figured it saved his time, since they then talked less to him in the examining room about things not directly related to their ailments.

Dr. N.: I didn't know that. But I don't want my girls to gossip. I want them to stick to their jobs. I like them to be friendly with patients, but I hate to be looking around for a girl who isn't where she's supposed to be.

COTTON: All right. Still, it

adds up to this: Janet just doesn't know where she stands with you. She feels that she does many things wrong, from your point of view. But since they're all things that were right in her last job, she's adrift. "All I want to know is what Dr. Newcome wants me to do," she says. "If I can find that out, I'll do it. But he never tells me about anything I do right. And I find out the hard way about the things I dowrong."

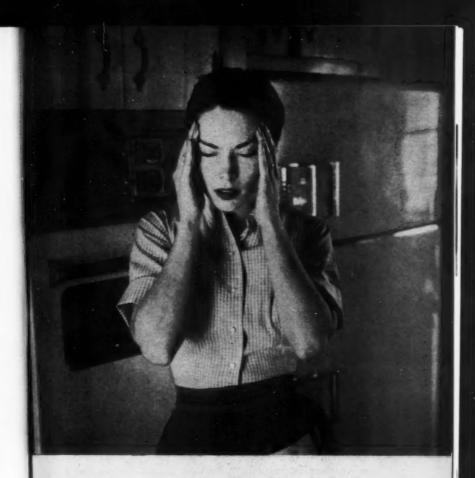
Dr. N.: Yes, I see her point.

A Frequent Error

COTTON: Then I hope you can see this one, too: It would help a lot if you'd encourage a new aide to tell you about the things you do wrong, as she sees it. For instance, Janet said to me, "Couldn't you please persuade the doctor to let me finish one job before he takes me off it to do another?"

DR. N.: I'll bet I know what she was thinking of. I hiked her out of the front office the other day to give me a hand with a patient who trembles too much to undress herself. The other girls were tied up, and I knew that

fe



stop her sinus headache In one short year Sinutab has proved itself the effective specific for resolving sinus or frontal headache. Sinutab promptly and safely aborts pain, relieves pressure by decongestion and relaxes the patient with mild tranquilization. Verify it for yourself-prescribe Sinutab for your next sinus or frontal headache cases. You and your patients will be pleased.

Sinutab

SIN-HSD2

resolves sinus headache

Janet had helped Dr. Senior with patients. So I called her. It turned out that the accountant she was working with—they were doing the return of withheld taxes—had to leave before she got back to her desk, and we almost missed the deadline for the return.

Do you think it would help if we had some kind of office manual? A "how-to" book, say, with every procedure written out in detail and all the due dates inserted? It might help me find out what goes on in the front office, too. Then I wouldn't cross her up as I did the other day.

COTTON: A good idea—but don't overdo it. Don't try to list every little chore that goes to make up a month's work. No medical practice is static, and it's time-consuming to keep a detailed manual up to date. But if you'd go over the principal office jobs with Janet, and if she wrote down the procedures you agree are best, it would be useful to both of you.

Dr. N.: I'm beginning to think we've got to the root of the trouble. Maybe I've been so preoccupied with my clinical work that I've let Janet flounder along in some areas. Do you have some suggestions on how I can get things back on an even keel?

COTTON: I've jotted down a half-a-dozen hints for you. Ready?

Rx for Adjustment

You'll find below the six suggestions I made to Dr. Newcome. They'll help you, too, if you have a new aide now or intend to hire one soon.

1. If you hire an aide with previous experience, find out how she and her former employer worked together. No inquisition is necessary. A couple of tactful chats will bring out the story.

I'm not recommending that you try to become a replica of that other doctor. It's just that if the girl is used to a different kind of relationship and to doing things differently, she'll settle down sooner if you explain the differences to her. What she needs to understand is that you've developed your own routines and systems because they

p



asthmatic...but symptom-free Prophylactic use of Tedral helps your bronchial asthma patients breathe normally—live actively—avoid the fear and embarrassment of disabling attacks. 1 or 2 Tedral tablets q.4.h. provide up to 4 hours' freedom from congestion and constriction. Or therapeutically, when stress brings symptomatic flare-ups, prescribe 1 Tedral tablet at the *first* sign of attack.

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the dependable antiasthmatic



HELP YOUR NEW AIDE TO HELP YOU

suit your notions of how to practice medicine.

2. If the new aide doesn't suggest any changes in the office and its systems after her first few weeks, ask her to suggest some. Naturally, you're not obliged to accept her recommendations. You may have good reasons for preferring most things the way they are.

But the person who does a job knows most about it, as a rule. Your new aide's ideas may be the wrong ones for you. Still, if you'll hear her out and take her seriously, you may jointly come up with something new and profitable. More important, she'll feel like a true member of your team.

3. Don't isolate yourself from your aide. This goes for all girls, whether they have previous medical-office experience or not. I've noticed that few doctors devote enough time to helping the new girl find her way. Then, when she loses it, they get irritated.

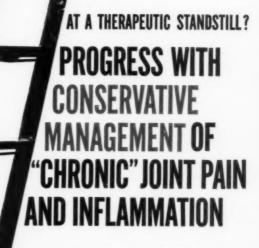
Your aide is entitled to know how you want things done. She's entitled to know which routines you regard as priorities. When she runs up against something new, she's entitled to get your views on the best way to handle it. Please don't leave her in a vacuum, Doctor.

4. Find something to praise her for from time to time. Nothing is so sovereign as praise for settling down the anxiety that every new employe worth her salt feels about how she's making out. The only aides who don't wonder whether their work is acceptable are the stupid ones.

So pick on something she does especially well, and comment on it. If there's something she does less well, it's wise to take it up with her *after* you've said your kind words.

5. Be wary about taking your aide off one job to do another. Most of the time, what she's doing can be safely laid aside for a while. And in a real emergency every job can be interrupted. But there are some tasks that have to be restarted from the beginning if they're interrupted.

Continued on page 130



When your patients with early arthritis or musculoskeletal syndromes reach a therapeutic standatill, conservative management with new DECAGESIC relieves pain and inflammation, improves joint mobility and functional status, helps restore a sense of well-being and renew strength. DECAGESIC combines the advantages of DECADRON® (the highest anti-inflammatory potency, "the least number of side effects") with the fundamental benefits of aspirin and the antacid protection of aluminum hydroxide—greater potency with greater safety.

*Silverman, H. I., and Urdang, A.: Am, Prof. Pharm, 25:531, 1959,

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corrective therapy Because Cytran contains the new progestin, Provera, to use of premenstrual tension—hormonal imbalance. Estrogen-progesterone ratio is adjusted to more normal premenstrual balance. Thus even abdominal discomfort, shakiness, fatigue—symptoms incompletely controlled by mere symptomatic treatments—are effectively relieved.



symptomatic therapy An effective diuretic (Cardrase) and a mild tranquilizer (Levanil) afford symptomatic relief while Provera works to effect a restoration of hormonal balance. They also supplement the activity of Provera in those rare cases where restoration of hormone balance does not completely eliminate edema and anxiety/tension.



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HELP YOUR NEW AIDE TO HELP YOU

b. In any case, you lose nothing by asking the aide if she's at a point where she *can* stop for a moment. It's particularly unwise, in my opinion, to interrupt a girl who's busy posting patients' accounts. I've noticed that girls who post "between times" have more errors in their cards than girls who post straight through.

Be predictable. Doctors invariably stay in character for their patients. They sometimes assume a different character for different patients; but for any one

patient, it's always the same doctor. I suggest you stay in character for your aide. It's wonderful to have a predictable boss.

So don't be jovial when Janet walks in with a whacking big deposit slip, and grumpy when she shows you the list of deadbeats for the collection agency. As I told Dr. Newcome that third night:

"Give the girl a reasonable chance to get to know you. Once she knows you, she'll settle down. But nobody can adjust to the unknowable."



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Just one prescription ORETICYL for new



keeps your hypertensives wide awake & working



- ... GIVES THEM THE BENEFITS OF
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When Harmonyl, Abbott's unique rauwolfia alkaloid, is combined with the potent diuretic/antihypertensive Oretic, the result is convenient, efficient onetablet treatment especially suited to hypertensives who must remain alert and active during the day.

This is because Harmonyl has selective action. It lowers blood pressure without producing excess side effects. For example, in a series of studiesl.2.3 of 403 hypertensive and mixed anxiety patients treated with Harmonyl alone, only 6 reported any depression; only 12 reported any nasal stuffiness; only 13 reported any lethargy.

Oretic potentiates the antihypertensive action of Harmonyl, and also produces elimination of water and sodium. For this reason, in many cases some relaxation of rigid low-salt diets may be allowed. To further tailor therapy to individual needs, three precision dose forms are available:

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- Billow, B. W., et al., The Use of a New Rauwolfia Derivative, Deserpidine, in Mild Functional Disturbances and Office Psychiatry, N. Y. J. Med., 59:1789, May, 1959.
- 2. Winsor, T., Comparative Effects of Various Rauwolfia Alkaloids in Hypertension, Diseases of the Chest, April, 1959.
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We Learned Something New About Car Depreciation

Want to double the annual write-off on your professional automobile? It CAN be done, as these doctors discovered

By Forrest P. White, M.D.

"What a beauty!" "Very classy!" "Just look at those lines!" Such were our comments as Dr. Nat Clancy drove up to the hospital in his spanking-new De Soto. We'd been lingering outside before staff meeting. We had been waiting for him, but we hadn't expected to see a new car.

"Yes, sir," he agreed, as he stepped out and surveyed his purchase. "And she's worth a cool \$4,000 in tax deductions—\$2,000 of it the first year."

"Hey, you can't deduct all of that," protested Joe Hines. "You have to allow for the trade-in value of your '58 Buick."

"But I didn't trade the Buick," said Nat. "I turned it over to my wife, and we registered the change of ownership. Since she didn't need two cars, she sold the '56 Mercury she already owned. In a couple of years, I'll let her

THIS ARTICLE has won one of the 1960 MEDICAL ECONOMICS Awards for its author, a pediatrician in Norfolk, Va.

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clinical photographs

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CAUTION: Steroids should not be used in the presence of tuberculosis of the skin.

DOSAGE: A small quantity of NeoDECADRON Topical Cream (0.1%) is applied to the affected area 2-3 times daily.

SUPPLIED: NeoDECADRON Topical Cream is supplied in 5 Gm. (1/6 oz.) and 15 Gm. (1/2 oz.) tubes. Each gram contains 1 mg. of dexametha-

sone 21-phosphate (as disodium salt) and 5 mg. of neomycin sulfate (equivalent to 3.5 mg. neomycin base).

The cream is also available with dexamethasone 21-phosphate only, as DECADRON® Phosphate Topical Cream. Package sizes and steroid concentration are the same as above.

Additional information is available to physicians on request.

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SOMETHING NEW ABOUT CAR DEPRECIATION

have this De Soto, and then, of course, she'll sell the Buick."

"Two questions," broke in John Old. "Where did you get the idea? And is it legal?"

"From my tax man. And he double-checked it for me. It's legal. I'll get over \$700 in extra depreciation annually by rotating cars that way."

Naturally, everyone was eager to learn how Nat's system worked. So Jack Freeman, our staff president, railroaded various bits and pieces of business through our meeting in record time. Then we got together again in the nearly deserted coffee shop.

"I'll use round figures and try to explain this whole thing the way my accountant did," Nat began. "By the old method, I traded in my business car every four years and bought a new one. Let's say I paid \$4,000 for my first professional car. I depreciated it down to salvage value in four years and traded it in for about a \$1,200 paper profit. That \$1,200 was subtracted from the value of the next \$4,000 car. I got \$2,800 depreciation over the following four years.

"Over the long term, I wrote off an average of \$700 a year on my business car. Meanwhile, I was also buying a personal car every four years that didn't show on my books at all."

"Except as a casualty loss, if your wife ripped off a fender," commented Jack Freeman. "But what happens now that you've juggled the cars around?"

"This is how it works," replied Nat. "I depreciate my new \$4,-000 professional car down to \$1,000 in two years—\$2,000 the first year, \$1,000 the second—by the declining-balance method.

"At the end of the two years, I need a new professional car. So I give this one to my wife, Continued on page 140



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BIPHETAMINE '74'

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> Single Capsule Daily Dose 10 to 14 hours before retiring

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WITH A SINGLE DOSE



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Gives predictable control over hyperacidity, pain, and motility in the gastrointestinal tract.

Relieves pain, preprandial distress and other symptoms of peptic ulcer (all day or all night) for 8-12 hours with a single dose.

Creates environment conducive to healing of ulcer.

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A single capsule of Akalon-T provides a uniform 8-12 hour antisecretory, antispasmodic, GI calmative action unaffected by fluctuations in pH, enzymatic activity, or motility. This unique characteristic of 'Strasionic' release products is therefore of particular value in the treatment of peptic ulcer. An ion exchange resinate, Akalon-T's rate of drug release is determined solely by available cations—whether H+, or Na+, or K+, etc. Since their total concentration is constant throughout the gastrointestinal tract, the release of Akalon-T is uniform, continuous, and predictable.

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SOMETHING NEW ABOUT CAR DEPRECIATION

and again we register the change of ownership. Again she has a car for sale, and we'll assume that it, too, has a depreciated value of \$1,000. Maybe she'll get more than that for it. Let's say she gets \$1,200. The \$200 paper profit is a capital gain, and it goes down as such on our joint tax return.

He Doubled Tax Savings

"So, you see, the tax basis of every new car I buy for use in my practice is its full purchase price. Every time I pay \$4,000 for a new car, I rack up about \$3,000 worth of tax deductions over the next two years. That's more than double the amount I could write off by the old method. The important thing is *not* to trade in your old car, ever."

George Hardy spoke up: "As long as you have two cars in the family—one registered in your ownership and the other in your wife's—you can save tax money by never trading either of them in a new-car deal. Is that right?"

"Right," said Nat. "Always ask your wife to sell her old car in a completely independent transaction. You'll run into trouble if you allow it to figure anywhere in your deal for a new car. Why? Because if you do that, you're taking it back from her, in effect, and you're using it on a trade in the old-fashioned way."

"Boy!" exclaimed George. "I can't wait to talk to my accountant about this idea. Do you have to buy a new car exactly on the schedule you've been talking about to make the scheme work?"

It's Flexible

"No," said Nat. "I've used the round figures and the regular schedule only for simplicity's sake. You can buy your new car whenever you want to, at any interval and at any time of any year. It's O.K. even if your business car is used partly for personal driving. Simply depreciate the proper percentage of the car's cost by this method. As long as you have two cars, you can save tax money by using the new one for business and selling the old family car to help you pay for the next new professional automobile." More

Helps you take the misery out of menopause as hormones alone often don't do



Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

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Supplied: Milprem-400, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estragens (equine). Milprem-200, each coated oldrose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60

Literature and samples on request.

Dosage: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

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MEDICAL ECONOMICS · JUNE 6, 1960 141



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Handy discs of soft cotten flannel, saturated with witch hazel (50%) and glycerine (10%), pH 4.6

at diaper change wipe away irritating ammonia and fecal matter that cause diaper rash

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TUCKS cleanse and soothe irritated surfaces when used as a wipe...cool and comfort the distress of chafing... encourage thorough cleansing.

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142 MEDICAL ECONOMICS · JUNE 6, 1960

CAR DEPRECIATION

"It looks good to me," admitted Joe Hines. "But I've got a problem to solve before I can follow your lead."

"What's that?" asked Nat. "Maybe your accountant can help."

"No," Joe replied ruefully.
"I've never been able to get my
wife excited about these tax angles. How do I persuade her that
she should drive the old car while
I get a new one?"

We all agreed that Joe's problem was one the best accountant couldn't solve.

Amusing . . .
Amazing . . .
Embarrassing . . .

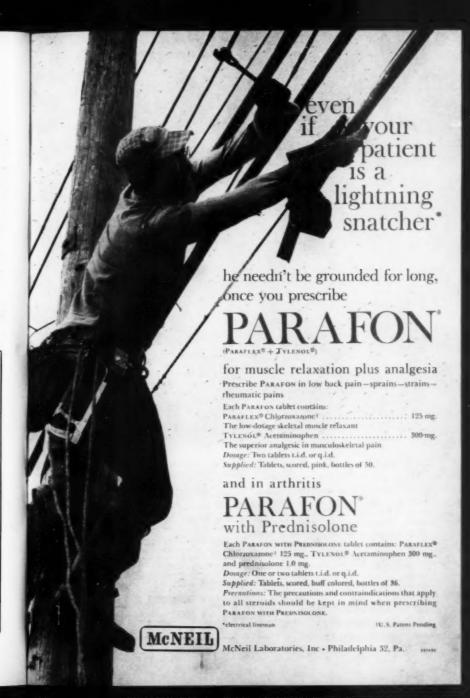
No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

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Late evening dose doesn't interfere with sleep.

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Doses given to control late evening snacks will not interfere with sleep.³

Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs. a week (see chart)

Safe — Tenuate can be used even in overweight cardiacs or hypertensives.

EKG studies substantiate Tenuate's

lack of appreciable CNS stimulation. No effect on heart rate, blood pressure, pulse or respiration is demonstrable. Thus Tenuate is particularly well suited for hypertensive and cardiac patients — those whose weight must come down.

PROOF OF WEIGHT LOSS³⁻⁴ In a series of 102 patients, the following weight losses were obtained:

Lbs./Week	Nu	ımber (of Patients	% Patients
0.1-0.9		23		22.54
1.0-1.9			51	50.00
2.0-2.9		25		24.52
3.0-4.0	3			2.94
		102 P/	ATIENTS	100%



Indications: The overweight patient, including adolescent, geriatric and gravid, as well as special risk situations—cardiac, hypertensive, diabetic.

Dosage: One 25 mg. tablet one hour before meals. To control nighttime hunger, an additional tablet taken in midevening will not induce insomnia.

References: 1. Buels, 6.: Mich. Acad. Gen. Prac. Symposium, Detroit. 1959. 2. Horwitz, S.: persease Prac. Symposium, Detroit, 1959. 4. Ravets, E.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 4. Ravets, E.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 5. Decim. L. I. Exper. Prac. Symposium, Detroit, 1959. 5. Decim. Control of the Control of



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.THE CHAS. H. PHILLIPS CO. DIVISION of Sterling Drug Inc. 1450 Broadway, New York 18, N. Y.

146 MEDICAL ECONOMICS · JUNE 6, 1960

Timely Facts About AIR CONDITIONING

If you haven't already installed a unit—or if you're dissatisfied with your present set-up—there's still time to beat the summer's worst heat. Here are some suggestions on how to choose the best model for your office, your home, or your car

By Frank V. Mitchell

Good air conditioning is good business. It may be good medicine too. If your office or home isn't already well equipped for the coming summer, there's still time to do something about it. The following paragraphs will, I hope, help you do it right.

Today's air-conditioning machines give you more for your money than ever before. But that doesn't mean you can make a haphazard guess about the unit you need. Unless you're acquainted with some basic facts about air conditioners, you're unlikely to pick the best machine for your purpose. Here, then, are some things you need to know:

Most models are now rated according to the number of British thermal units of heat they'll remove from the air per hour. So try not to think in terms of horsepower or tonnage alone

How Much Cooling Capacity Do You Need and What Will It Cost?

These figures on the capacity and approximate price range of several representative air-conditioning units should help you pick the right kind of model and estimate what you'd have to pay for it. But since one large wall or window unit doesn't cool several rooms as satisfactorily as two or more smaller units, these are considered as *minimum* requirements.

115-VOLT, 7.5-AMPERE MODELS

Btu/hr Capacity ¹	Type	List Price	Net Price ²	Cooling Area (Approx.)
3,500	Portable window	\$128	\$100	2 rooms—11' x 15' each
6,500	Through-the-wall			
	or window	300	245	3 rooms—10' x 15' each
6,500	Window	298	250	2 rooms—15' x 15' each
7,500	Through-the-wall			
	or window	380	265	2 rooms—12' x 20' each
8,000	Window	298	250	2 rooms—14' x 20' each

115-VOIT 12-AMPERE MODELS

	113-	VOL1, 12-AN	APERE MO	DELS
9,000	Through-the-wa	11		
	or window	\$380	\$325	4 rooms-10' x 15' each
11,800	Window	420	405	4-room house—25' x 30'
		230-VOLT	MODELS	
10,000	Window	\$395	\$290	4 rooms—10' x 15' each
13,000	Window	435	340	3 rooms-20' x 15' each
15,000	Window	495	395	4 rooms-12' x 20' each
18 500	Window	535	425	5 rooms_15/ v 15/

'The number of British thermal units of heat each machine can remove from the air per hour. 'Dealer's discount price in one New York State community. when determining how much cooling capacity you need—or when choosing a model to fit that need.

Terms like "horsepower" can be deceptive. For example, a one-horsepower unit made by Manufacturer A might cool a larger or smaller area than a one-horsepower unit made by Manufacturer B. If the British-thermal-units-per-hour (Btu/hr) rating isn't on the name plate of a machine you're interested in, insist that the dealer tell it to you. He'll almost certainly be able to find it on the manufacturer's specification sheets.

How Much Capacity?

Before you begin to compare various models, you'll have to decide how large a Btu/hr capacity you need. You can make a rough estimate by figuring the square-footage of the space you want to cool, then multiplying the result by 15 Btu/hr.

If you're planning to air-condition an office with two rooms, each 20 feet long by 11 feet wide, you'll need a capacity of approximately 6,600 Btu/hr.

Thus, a window or wall unit with a Btu/hr rating of 6,500 should be about right for you. One well-known manufacturer lists such a room model at \$299.95. But dealers often offer discounts. You may be able to get the unit for \$245 or less.

Remember that this method of estimating Btu/hr will give you only a rough idea of the capacity you need and what it will cost. If you don't figure the job accurately, you may spend more than you need—and still end up with inadequate air conditioning. And correctly estimating Btu/hr needs can be a tricky procedure.

For instance, a doctor who had office quarters in his ranch house estimated that he needed two 4,500 Btu/hr machines to cool two rooms, each 15 by 20 feet. But after an air-conditioning engineer had made a survey of the house, the physician found that one of the rooms required a machine with 8,000 Btu/hr capacity. Reason: The space, which the doctor used for his waiting room, faced south and featured a large picture window;

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Air-Condition Your Car?

If you're hesitant about air-conditioning your family or professional automobile, you needn't be. Today's car conditioners give top performance for years at little or no upkeep cost. With only a refrigerant check from time to time and perhaps a slight adjustment just before the warm weather sets in, you can depend on comfortable driving year after year.

Best of all, the units are no longer the extravagant, overpriced gadgets they used to be. More and more physicians in warmer sections of the country have found them a comparatively inexpensive lifesaver.

There are two types of installation: at the factory, or by an independent dealer. The independent will charge you around \$350 or so, the factory about \$50 more. A factory installation is almost certain to be the more satisfactory. But if you'd rather have the job done locally, your best bet is to check the Yellow Pages for the name of a local specialist. He'll probably be able to do the job in a day.

An independent installation does have one advantage for the physician who trades in his cars fairly often: The unit can be easily removed from the old car and installed in the new one, regardless of make. Some factory installations can't be.

Aside from greater efficiency, there haven't been any major improvements in car conditioners recently. But the latest models do offer one innovation: an automatic cut-out that disengages the unit's compressor while your car idles in a long line of traffic. In the past, engines were prone to overheat while the compressor operated when the car wasn't moving.

There are two types of auto air conditioners: a dash unit and a trunk unit. The dash variety gives you cool air from under the dash and is cheaper and more easily installed. The trunk unit gives more complete coverage but costs about \$100 more— \$450—when installed by an independent. Also, it takes up luggage space. Generally, physicians favor the dash unit.

on the other hand, 4,500 Btu/hr was enough air-conditioning capacity for his consultation room, which faced north.

So I'd suggest you do one of two things:

 Ask a dealer or service company to survey your office or home. Such a survey shouldn't cost you more than \$5 or \$10.

2. Or write the Air Conditioning and Refrigeration Institute at 1346 Connecticut Ave., N.W., Washington, D.C., enclosing 10 cents for a copy of a cooling-load estimate form (A.R.I. Standard 120-56). Using this form, you can figure quite accurately the Btu/hr capacity you'll need. The form takes into account such factors as the size of the room to be cooled, the amount of sun and shade it gets, its insulation, the type of heating equipment used, etc.

Of course, you can do both. You can figure your needs yourself and have a survey done. I know one physician in Connecticut who did just that, employing the A.R.I. form to check on a survey he'd already had made. He found the form easy to use

XUM

and arrived at the same result: that a single 6,500 Btu/hr room air conditioner was sufficient for his three-room suite. Needless to say, he felt he'd wasted money on the survey.

Just the same, if your needs appear to run to 10,000 Btu/hr or more, it's generally best to consult a dealer or qualified engineer. Five or ten dollars is a small price to pay for safeguarding the success of a major purchase.

How Much Power?

Another factor you may have to consider in buying a room unit is the power it uses. Many modern machines can be plugged into the normal 115-volt outlet. And a 7.5-ampere cooling unit can even be used on the same line with one or two lights. But heat-generating appliances like toasters and irons shouldn't be connected to a line on which an air conditioner is attached. Nor should any other appliance be used on a branch line to which a unit rated at 12 amperes or more is plugged in.

Continued on page 154



HOW TO GET MORE

IF YOU WANT TO FIND ...

the brand name of a drug

the manufacturer's name

essential product information; composition, action & uses, administration, dosage, precautions, contraindications, how supplied, literature available

a drug with a particular pharmacological action

a drug with a particular major ingredient

a drug with a particular therapeutic indication

generic name of a brand name drug

OUT OF YOUR 1960 PDR

	AND YOU ALREADY KNOW	HERE'S WHERE TO LOOK
	the manufacturer's name	Pink Section, Part II: Alphabeti- cal Index by Manufacturers.
	its generic name	Yellow Section: Drug. Chemical, and Pharmacological Index*
	the drug's brand name	Pink Section, Part I: Alphabeti- cal Index by Brand Names*
	the drug's generic name	Yellow Section: Drug. Chemical, and Pharmacological Index°
	the drug's brand name	Pink Section, Part I: Alphabeti- cal Index by Brand Names*
-	the pharmacological action	Yellow Section: Drug, Chemical, and Pharmacological Index*
	the major ingredient	Yellow Section: Drug, Chemical, and Pharmacological Index*
	the therapeutic indication	Blue Section: Therapeutic Indi- cations Index*
	the drug's brand name	Pink Section: Part I, Brand name index. Generic name will be found under "Composition" in White Section.

On the Pink, Yellow, and Blue Sections, the page number following the drug name refers to the page in the White Section where the drug is comprehensively described. If no page number is listed, the drug is not described in the White Section.

TIMELY FACTS ABOUT AIR CONDITIONING

If you plan to buy a unit of 10,000 Btu/hr capacity or more, you'll need a 230-volt separate line. If you already have 100ampere, 230-volt service coming into your office or home, installing such a separate line won't be expensive. But beware if you live on the top floor of an old apartment house, or if your office is on a high floor of an ancient building. You may have only 115-volt service in such a place. If so, the cost of installing a heavier line will almost certainly run into hundreds of dollars.

So take this precaution before buying air conditioning for use in any building that isn't new: Have the wiring system inspected by an electrician. He'll tell you whether or not you need a new line. He can also advise you whether or not you need a slow-blow type fuse because of the high initial surge of current each time your unit is turned on.

Purchase and Installation

When you've determined the cooling capacity you need and have had your wiring system inspected (if necessary), you're ready to make your purchase. Prices of similar units vary so much that it's wise to shop around. But don't settle for anything but a well-known brand. There are plenty of cheap "just as good" models around; but they're generally not just as good.

Incidentally, you'll find prices generally up 5 to 10 per cent over those for last year's air conditioners. So why not save money by buying a 1959 model if you come upon a good one of the right capacity?

Installation charges also vary considerably. One dealer I've dealt with charges \$20 to install a window model, \$35 for a through-the-wall unit in an all-wood house, and \$50 if the house is brick. But another man in my locality charges \$30, \$60, and \$80, respectively, for the same jobs.

The cost of installing an airconditioning unit in a casement window usually ranges from \$60 to \$90. That's because the procedure involves removing panes of glass and—in some instances

Continued on page 158



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"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days." "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., 59:1769, (May 1) 1959.

DOSAGE: Edema—One or two 500 mg, tablets DIURIL once or twice a day. Hypertension—One 250 mg, tablet DIURIL twice a day to one 500 mg, tablet DIURIL three times a day.



"... our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, 3:199, (Feb.) 1959.



"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., 169:109, (Jan. 10) 1959.

SUPPLIED: 250 mg. and 500 mg. scored tablets DIURIL (chlorothiazide) in bottles of 100 and 1,000. DIURIL is a trademark of Merck & Co., INC. Additional information is available to the physician on request.

156 MEDICAL ECONOMICS · JUNE 6, 1960

hypertension DIURIL

than for all other diuretic-antihypertensives combined!



"One hundred patients were treated with oral chlorothiazide."
"In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., 59:56, (Jan. 1) 1959.



in cirrhosis with ascites

"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the fiveday treatment period with a slight decrease in edema."

Castle, C. N., Conrad, J. K. Burch, G. E. ar Mrch. Int. Med., 103:415, (March) 1959.



"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent."

Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., 103:369, (March) 1959.



MERCK SHARP & DOHME Division of Merck & Co., INC., Philadelphia 1, Pa.

MEDICAL ECONOMICS - JUNE 6, 1960 157

TIMELY FACTS ABOUT AIR CONDITIONING

—cutting glass to size or removing part of the window. In the last case, patching or caulking is then required to seal in the machine. (One manufacturer plans to market a casement-window installation kit in the near future, to retail at about \$15. Such a kit would reduce casement-window installation costs considerably.)

Special Needs

Because the air-conditioning units on the market today include a wide variety of sizes and types, you probably won't have trouble finding exactly the one you want. But if you can't, a dealer or a service company should be able to solve the problem for you. Here are some examples of how doctors' special needs have been met:

A physician-friend of mine had an old machine that jutted out more than a foot into his 12' x 15' office. What's more, it blew air directly across the spot where he wanted to place his desk. His dealer suggested a new window model with rotary grills. My friend bought it.

The new unit, rated at a 6,500

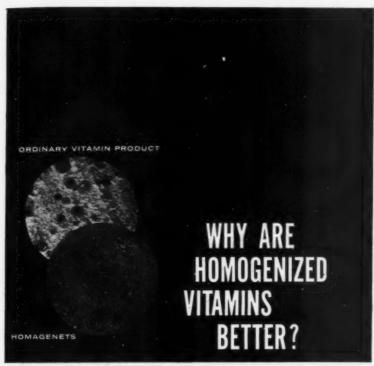
Btu/hr capacity, was "self-installing" (no tools needed). So the doctor was able to install it himself. Then he adjusted the air flow off to the side and moved his desk next to the window.

The modern design of the new model gave his office a face-lifting. Better yet, he's now able to open the door of his small, adjoining examination room from time to time and direct cool air into it.

Another doctor, whose office had aluminum storm windows, bought a window model and was faced with an installation problem. The bottom of the narrow aluminum frame rose slightly above the bottom of the wooden window frame, so that the air conditioner—which rested on both—tended to wobble. A serviceman found an easy solution: He added wood strips to the wooden frame until it was level with the aluminum one.

A gynecologist with two small, windowless inner examination rooms bought a portable water-cooled machine (price: \$275), hoping to cut the temperature in

Continued on page 162



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The only homogenized vitamins in solid form

Microphotographs show the special homogenizing process* used in the manufacture of Homagenets results in extremely small vitamin particles—one-hundredth the size obtained by ordinary processes of tablet production.

This increases the surface exposure of each vitamin 100 times—that is why the vitamins in Homagenets can be completely absorbed. The practical benefits are complete utilization, better storage of oil-soluble vitamins, and no "fishy" eructations. Also, the taste of the vitamins is masked so thoroughly that Homagenets can be chewed or dissolved in the mouth like candy.

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Write for samples and literature.

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all of these patients have anxiety symptoms;



*but <u>half</u> need an antidepressant, not a tranquilizer

IN DEPRESSION AND DEPRESSION-INDUCED ANXIETY

the common problems basically unresponsive to tranquilizers

depression-a common problem in office practice...

"It is generally acknowledged that at least 40 to 50 per cent of the patients seen in private practice have emotional problems and that true depressions or depressive equivalents are found in more than half of these." Cooper, J. H.: J. Am. M. Women's A. 14:988, 1959

anxiety often "masks" underlying depression...

"Although ataractics have a definite place in therapeutics, their use in depressed states is limited, and in many cases even contraindicated. A large number of patients with psychogenic disorders are given ataractics for the relief of anxiety symptoms. Since the anxiety is actually due to depression, the response, if any, is transient and occasionally the patient may become worse...."

Hobbs, L. F.: Virginia M. Month, 86:692, 1959

relieves the anxiety by removing the depression itself



dosage: One tablet three times a day.
supplied: Orange-coated tablets, each containing 15 mg. of phenylethylhydrazine present as the dihydrogen sulfate. Bottles of 100.

Complete Nardil Bibliography on request to the Medical Department.

MA-SPOS

TIMELY FACTS ABOUT AIR CONDITIONING

both rooms. Then he realized that the door between them had to be kept closed to insure privacy. He thought he'd found the answer when he installed water hoses in a corner of each room, so the machine could be rolled from room to room and connected by his nurse as the occasion demanded. But as his office calls increased, the doctor found his nurse so occupied with her plumbing duties that she couldn't properly care for the patients.

A professional finally solved the problem by removing the hose from one room, cutting a hole in the connecting wall, and covering the opening with a grate. Thus, the air conditioner was permanently stationed in one room but could blow air into the other, whenever necessary. (Generally speaking, though, a one-room unit can seldom be expected to do a satisfactory cooling job for two or more rooms.)

A Central System

All the foregoing are examples of solutions to problems involving small spaces. But suppose

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TIMELY FACTS ABOUT AIR CONDITIONING

your special problem is a big one: air-conditioning an entire office building or home.

A central air-conditioning system can usually be bought and installed in a three-bedroom house for about \$1,500. Such a system normally includes a heating unit, too. In homes with existing heating systems, the addition of central air conditioning is only slightly more expensive than would be several separate room conditioners. And you'll actually save money in the long run, since you'll have only one unit, instead of four or five, to service.

How Much to Run It?

The operating costs of a central system are small compared with the comfort such a system can provide. A recent survey made in one Texas city showed that operating costs ran from \$120 to \$270 a year. Another survey indicated a range of \$15 to \$75 a season, according to latitude location. Generally, the farther south you live, the greater the operating costs of a central system.

No single-room unit is a substitute for a central air-conditioning and heating plant, of course. But many of today's smaller models are built to give you clean, warm air when the need arises during the chilly days of spring or autumn, or on unexpectedly cool days in southern climates.

And when there's no need to cool or heat the air, most of the 1960 room models can be used merely to draw out the stale air and replace it with air that's clean and fresh.

Thermostats and Timers

Most of them have thermostats, too. That means you can set your unit so that it will keep your office at a desired temperature for as long as you want. Timing devices are also available, either as standard equipment or as "extras."

Nowadays, you can set a timer before leaving your office. When you return the next morning, the office—not to mention your temper—is just as cool as it was the day before, no matter how warm the weather.

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has the actions needed to prevent morning sickness — antispasmodic/ antinauseant/plus pyridoxine supplementation.

References: 1. Nulsen, R. O.: Ohio State M. J. 53:665, 1957. 2. Personal communications: 1956.57. 3. Towne, J. E.: Internat. Rec. of Med. 171:584, 1958.4. Geiger, C. J., et al.: Obst. & Gynec. 5:688, 1959. HERE

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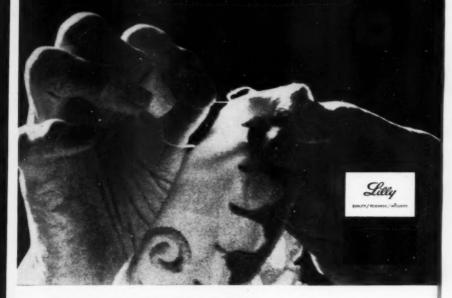
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How Family Income-Sharing Can Cut Your Taxes

Don't confuse income-sharing with simply giving away some of your annual income. It involves permanent transfer of ownership. But it can also mean permanently lower taxes—if you use the device in one of these four ways

BY RALPH J. SEYMOUR

Would you like to slash your income and estate taxes and at the same time help your children to become financially independent?

This may sound like a fanciful dream. But you can do it under the present Tax Code. There are at least four different ways most doctors can lower the rate at which their incomes are taxed. One of them may well do the job for you.

All four methods are based

on the same principle: assigning some of your income-earning assets to one or more members of your family. This drops you to a lower tax bracket. It cuts the taxes on the shifted income or makes it completely tax-free. What's more, it leaves you with less property subject to estate taxes.

A medical man at the peak of his earning power can save \$1,-000 or more a year this way. Over ten years, his tax savings and the income they earn can easily add up to \$15,000.

Before you select a method of saving taxes by sharing income with your family, ask yourself these two questions:

¶ Are you prepared to give up title to a piece of property—say, real estate or stocks? (None of these plans permits you merely to assign the *income* from a property while you retain its *ownership*. And once you've given the property away, it may be out of your hands forever. So you should be sure you'll be happy with the arrangement in years to come.)

¶ With whom do you want to share your income? (If you file a joint return, you already share with your wife, under the law's income-splitting provision. A brother or sister, parent, niece, or nephew might be a possibility. But most such relatives are likely to have their own means of support. So your children are probably the likeliest candidates.)

Let's say you decide to give

some of your property to a minor son. Until he reaches 21, you can continue to manage the property if you choose, always remembering that the assets are irrevocably your son's. And you must see that the income is used entirely for his benefit.

You'll file a separate return for your son. He'll get his own exemption and deductions. But you can claim him as an exemption as long as he's under 19 (or remains a student) and is chiefly supported by you. This double-exemption provision of the Tax Code is the biggest single reason why income-sharing may be worth your while.

Meanwhile, the boy's income can be used to give him a college education, some capital with which to start adult life, or other advantages.

Now let's examine four possible ways to share income with your family in a tax-saving setup. Consider each of the following methods carefully before you make a choice:

1. You can give away property. This is the simplest and most common method. Since

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THE AUTHOR is a Washington, D.C., economist and tax consultant.

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oral liquid

Following oral dosage of 75 cc. Elixophyllin, mean blood levels of theophylline at 15 minutes 1 exceed those produced by 300 mg. aminophylline I.V.2—and therapeutically effective 3 levels persist for hours. 1

- No sympathomimetic stimulation
- No barbiturate depression
 - No suppression of adrenal function

Each tablespoonful (15 cc.) contains the ophylline 80 mg. (equivalent to 100 mg. aminophylline) in a hydroalcoholic vehicle (alcohol 20%).

For acute attacks: Single dose of 75 cc. for adults; 0.5 cc. per lb. of body weight for children.

For 24 hour control: For adults 45 cc. doses before breakfast, at 3 P.M., and before retiring; after two days, 30 cc. doses. Children, 1st 6 doses 0.3 cc.—then 0.2 cc. (per lb. of body weight) as above.

- Schluger, J. et al.: Am. J. Med. Sci. 233:296, 1957.
- 2. Bradwell, E. K.: Acta med. scand. 146:123, 1953.
- 3. Truitt, E. B. et al.: J. Pharm. Exp. Ther. 100:309, 1950.

Sherman Laboratories

Detroit 11, Michigan

MEDICAL ECONOMICS - JUNE 6, 1960 169

FAMILY INCOME-SHARING

you're permitted to give each of your children up to \$3,000 a year in assets—plus another \$3,000 from your wife—without paying a gift tax, you can transfer a substantial amount of property in just a few years.

Take the case of a hypothetical physician named White. Dr. White's investments in stocks and real estate are worth \$100,000 and yield him \$6,000 a year; and he nets \$25,000 from his practice. What with his various exemptions and deductions, he's in the 43 per cent tax bracket—which means that he pays around \$8,100 in income tax.

Dr. White decides to reduce his taxes by sharing with his family. He and his wife jointly give each of their three children assets worth \$6,000—\$18,000 in all. Each child now gets \$360 a year from the transferred property, for a total of \$1,080. Since each has a \$600 exemption, this income is tax-free. At the doctor's tax rate, the transfer means a tax saving of about \$464 for the White family.

If the Whites repeated the process for two more years,

they'd be transferring \$54,000. Each child would then have an annual income of \$1,080 and would pay \$76 in taxes a year, or a total of \$228. But the doctor would have to pay some \$1,393 a year in taxes on the same property if he kept it.

2. You can give away property and lease it back. This plan is especially suitable for a doctor who owns his own office space. After giving such property to his children, the doctor rents it back. Of course, he may have to pay gift taxes. But he gets a tax deduction for the rent he pays. His children receive the net income from the property. And they take their own deductions.

If you decide to make such an arrangement, be sure it will stand up under a tax agent's scrutiny. Go through all the steps of a genuine transfer: Relinquish title, deliver and record the deed, and attach transfer stamps. It's also important for you to pay a normal rental—what a stranger would be charged. It might pay you to have a real-estate man suggest a rate.

Continued on page 172



analgesia in depth

Announcing

Equagesic

meprobamate and ethoheptazine citrate with acetylsalicylic acid. Wyeth

Relieves Pain • Relieves Anxiety • Relieves Muscle Tension

Equagesic

-the first non-narcotic preparation

EQUAGESIC provides:

- 1. Relief of pain
- 2. Relief of the anxiety which magnifies pain
- 3. Relief of the muscle tension and spasm which add pain to pain

EQUAGESIC combines **EQUANIL®** (meprobamate) with ethoheptazine citrate and acetylsalicylic acid, the latter agents available separately as **ZACTIRIN®**.

EQUANIL is the proved, preeminent, muscle-relaxant and antianxiety agent. **ZACTIRIN** is a non-narcotic analgesic, highly effective in painful disorders commonly treated in office practice.

Prior to introduction, **EQUAGESIC** underwent extensive clinical trial. A total of 463 physicians reported on 2,816 patients. Among 40 symptom complexes treated were disorders of the bones and skeletal muscles, particularly traumatic and arthritic conditions; headache, dysmenorrhea, neuritis, and neuralgia.

"Moderate to severe" pain occurred in 90.4% of the patients studied, 3.8% of the patients experiencing "mild" pain, and the remaining 5.8% "very severe" pain. Results of this extended clinical evaluation are highlighted in the tables opposite.

For further information on prescribing and administering EQUAGESIC, see descriptive literature, available on request.





to fulfill all requirements of analgesia in depth

Optimum initial dose of **EQUAGESIC** is 2 tablets 3 to 4 times a day. Frequently, only 1 tablet 3 to 4 times a day will suffice. Supplied: In bottles of 50 scored tablets; each containing 150 mg. of meprobamate (white layer), 75 mg. ethoheptazine citrate (yellow layer), and 250 mg. acetylsalicylic acid (pink layer).

Degree of Relief from Pain

Degree of Relief	Patients
Complete Relief	29.4
Most Pain Relieved	49.8
Most Pain Remained	11.5
No Relief	9.3
	100.0

Relief from Pain Compared to Analgesic Previously Used

(Wasreported in 1,927, or 68.4% of patients.)

Relief from Pain	% of Total Patients
Superior	60.6
Equal	28.4
Inferior	11.0
	100.0

Degree of Relief from Muscle Spasm (Wasreported in 2,074, or 73.6% of patients.)

Degree of Relief	% of Total
Complete Relief	32.3
Most Spasm Relieved	48.0
Most Spasm Remained	12.3
No Relief	7.4
1	100.0

Wyeth Laboratories Philadelphia 1, Pa.

Relief from Spasm as Compared to Previous Muscle Relaxant

(Was reported in 998, or 35.4% of patients.)

Relief from Spasm	% of Tota Patients
Superior	53.2
Equal	38.1
Inferior	8.7
	100.0

Undesirable Effects

2,590 patients, or 92.0%, reported no side effects.
226 patients, or 8.0%, reported side effects.

No.	of Patient
Drowsiness	72
Nausea and/or Vomiting Other Gastrointestinal Complaints (Upset Stomach, Heartburn,	57
etc.)	29
Itching, Skin Rash, etc.	15
Vertigo	14
Constipation	6
Miscellaneous	33
	226



FAMILY INCOME-SHARING

This arrangement isn't limited to real estate. You can give away and then lease back professional equipment too. And you can depreciate any improvements you make in the property over the life of the lease, with the improvements themselves becoming the property of your owner-child.

Assume that Dr. White owns a one-time residence that he has converted into an office. At the time he decides to deed it to his children, it has cost him \$18,000 above a \$10,000 mortgage. In addition, he has invested \$9,000 in furnishings and equipment.

First, Dr. White transfers the property over a two-year period, so that gift taxes don't have to be paid. Then he leases it back at a monthly rental of \$350. Under the terms of the lease, the doctor pays for heat, light, and maintenance.

Dr. White used to make amortization, interest, and tax payments of \$150 a month, or \$1,-800 a year. He deducted about the same amount for the taxes and interest he paid, plus depreciation on the building and its contents.

Now he's paying \$200 more a month. But his dollars don't leave the family. And because he's in the 43 per cent bracket, they permit him to take an additional deduction worth \$86 a month, or \$1,032 a year.

Dr. White's children receive a total of \$2,400 a year after tax and mortgage payments. And their income is tax-free. For each child has a \$600 exemption, plus his share of the tax, interest, and depreciation deductions, which in this case are worth another \$600.

3. You can hold property in common. Here, too, you share income by making a gift to your children or other members of your family. But instead of giving the property away in its entirety, you make a present of part ownership. Thus, you own it jointly, each member of the family having a claim to the whole. Doctors who pick this method generally put somewhat more property into the transfer than in the case of an outright gift, because their children get only part of the income that's earned.

Common ownership lets you

foresight that helps save sight in Schering inflammatory ocular disorders



METIMYD ophthalmic suspension or ointment with neomycin

anti-inflammatory plus broad-spectrum antibacterial benefits



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ly 1of ir 7keep control of the property, as one of the owners and the father of minor children, after you've given away shares in it. But each owner pays taxes on his share of the earnings. Of course, when your children reach their majority, they get their proportionate say in the property's management.

If Dr. White puts his entire \$100,000 worth of property into common ownership, each member of his family gets one-fifth of the \$6,000 the stocks and real estate earn. The doctor and his wife pay \$1,032 a year in taxes (43 per cent of \$2,400). Each of the children pays \$98, for a family total of \$1,326.

But if the doctor and his wife owned the property alone, they'd have to pay \$2,580. So they're saving more than \$1,250 under this plan.

4. You can create trusts. When your children are the beneficiaries of a trust fund, you can share income and still be sure they won't mismanage or dissipate what you've given them. Your right to select the trustee is your protection. And you can ex-

tend this protection beyond the point at which the children reach 21, if you want to.

The Federal Government does not tax trust income as such, only what's distributed to the beneficiaries. They pay taxes as if they held the property directly. So the resultant taxes and tax savings are similar to those involved in a simple gift situation.

A word of warning, though: The legal complications you're likely to get into when you set up a trust can be burdensome.

Incorporate the Family?

No discussion of income-sharing would be complete without a mention of the family corporation. Some of your nonmedical friends may have proclaimed its advantages. But it's a device that physicians had best shun.

It works fine for the man who owns a business. He incorporates it, gives stock to his children, takes a reasonable salary, and treats the corporation's profits as a return on his and the children's capital. On the other hand, a doctor's earnings come from his professional services and cannot

fu

RATIONAL THERAPY IN A WIDE RANGE OF COMMON SKIN DISORDERS

FURACIN-HC CREAM

INFECTED AND POTENTIALLY INFECTED DERMATOSES / PYODERMAS / ULCERS BURNS / AFTER PLASTIC, ANORECTAL AND MINOR SURGERY





FURACIN-HC Cream combines the anti-inflammatory and antipruritic effect of hydrocortisone with the dependable antibacterial action of FURACIN®, brand of nitrofurazone-the most widely prescribed single topical antibacterial. The broad bactericidal range of FURACIN includes stubborn staphylococcal strains, and there has been no development of significant bacterial resistance after more than a dozen years of widespread clinical use. FURACIN is gentle to tissues, does not retard healing; its low sensitization rate is further minimized by the presence of hydrocortisone.

FURACIN-HC Cream is available in tubes of 5 Gm. and 20 Gm. Fine vanishing cream base,

NITROFURANS-a unique class of antimicrobials / EATON LABORATORIES, NORWICH, NEW YORK **Products of Eaton Research**

MEDICAL ECONOMICS · JUNE 6, 1960 175

FAMILY INCOME-SHARING

be assigned for tax-saving purposes. He can set up a corporation to receive dividend, interest, and rental income. But such corporations are classified as personal holding companies, and they're subject to unfavorable tax rates.

So the average physician has

his best choice among the four income-sharing plans described above. You'll do well to check with a tax adviser before making a final selection. But if you have outside income as well as dependents, it's a good bet that one of these methods is made to order for you.

Smooth and mild

I began to suspect that a patient of mine, a doctor's wife, had become habituated to her ergotamine headache medicine. So I substituted a placebo and asked her to come back in a month.

"How've you been?" I asked on her return.

"We went to the shore for two weeks right after I was here last," she said, "and I had a headache every day. In fact, I was so blinded by one while we were packing to come home that I forgot to bring my pills. But Tom wrote me a prescription for the same thing, and I've been fine ever since."

What could I do but confess? After all, she's a doctor's wife. So I explained why I'd given her the placebo pills. She seemed understanding, if not very amused, and we parted friends.

The next Christmas, I received as usual two bottles of Scotch from her and her husband. I opened one, poured myself a shot—and was shocked to find it was merely colored water. Then I noticed what was neatly lettered on a corner of each label: "Placebo."

—M.D., CONNECTICUT

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

IN EPISTAXIS

"PREMARIN" INTRAVENOUS

the physiologic hemostat

ARRESTS BLEEDING PROMPTLY & SAFELY

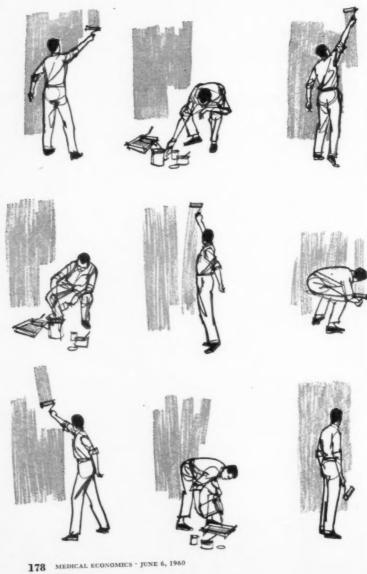


A single injection of "PREMARIN" INTRAVE-NOUS was effective in over 90 per cent of 641 cases of epistaxis—usually within 20 to 60 minutes.²

Over 1,000.000 injections have been given to date without a single report of toxicity or production of thrombi — in control of spontaneous hemorrhage and suppression of bleeding during and after surgery of every type.

"PREMARIN" INTRAVENOUS (conjugated estrogens, equine) is supplied in packages containing one "Secule" providing 20 mg., and one 5 cc. vial sterile diluent with 0.5% phenol U.S.P.







when that early Monday morning telephone call is from a weekend do-it-yourselfer

"...and this morning, Doctor, my back is so stiff and sore I can hardly move."

now...there is a way to prompt, dependable relief of back distress

the pain goes while the muscle relaxes

POTENT - rapid relief in acute conditions

SAFE - for prolonged use in chronic conditions

notable safety-extremely low toxicity; no known contraindications; side effects are rare; drowsiness may occur, usually at higher dosages

rapid action, sustained effect -starts to act quickly, relief lasts up to 6 hours

easy to use -usual adult dosage is one 350 mg. tablet 3 times daily and at bedtime

supplied —as 350 mg., white, coated tablets, bottles of 50; also available for pediatric use: 250 mg., orange capsules, bottles of 50

WALLACE LABORATORIES, New Brunswick. New Jersey



MEDICAL ECONOMICS · JUNE 6, 1960 179

important new therapy in Peptic Ulcer

cessation of all symptoms and complete healing in 70 out of 78 cases as reported in Postgraduate Medicine (Oct.) 1959

"...chymotrypsin offers a new approach to the treatment of peptic ulcer."

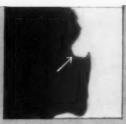
In 54 cases, most of them hospitalized, in which chymotrypsin (Chymar) was used in conjunction with other agents "All of the symptoms disappeared and complete healing of the ulcer occurred in 49 (90.7 per cent) of the 54 cases . . . Average time for cessation of symptoms .. 6 days; for complete healing ... 36 days; average follow-up period ... 12 months. In 24 cases in which Chymar was used alone, "Cessation of all symptoms and complete healing occurred in 21 (87.5 per cent) of the 24 cases . . ." Average time for cessation of symptoms . . . 5.8 days; for complete healing . . . 24 days: average follow-up period . . . 25.5 months.

Conclusions: "Because of the excellent results obtained in 78 cases of peptic ulcer...! strongly recommend its use as a most valuable adjunct in the treatment of this disease."*

*Mozan, A. A.: Postgraduate Med. 26:542, 1959

the superior anti-inflammatory enzyme chymotrypsin Succal/Aqueous/Oil

controls inflammation, swelling and pain



Pretreatment roentgenogram made on January 26, 1957 shows a large niche on the upper third of the lesser curvature.



Roentgenogram made on February 23, 1957 shows only a slight indentation on the lesser curvature.

CHYMAR Buccal
CHYMAR Aqueons

CHYMAR

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ARMOUR PHARMACEUTICAL COMPANY

KAMKAREE, BLINOIS / Armour Means Protection

This Investment Pays Off in More Than Money

Got a bulging portfolio of stocks and bonds? Wondering what to do with your money next? This young man suggests a safe investment that promises good medical and financial returns

BY MICHAEL C. AMBULARE, M.D.

If you're like the established doctors I know, you have an abiding interest not merely in the medicine you practice, but also in the future of medicine. And you have another interest, too—your own financial well-being.

May I, as a not-yet-established colleague of yours, make a pertinent suggestion? I'd like to suggest that you consider combining those two interests by investing in a company that's practically certain to pay good financial and medical returns. What company? The company of resident physicians!

I'm part of that company, and I believe it has a great future. Our only trouble is that we need capital. And that's where you come in. Have you ever thought about investing in a resident?

I know one doctor who has done so. He tells me he's thor-Continued on page 184

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COMPAZINE®
brand of prochlorperazine STOPS NAUSEA AND VOMITING



gastroenteritis motion sickness pregnancy anxiety and tension infectious diseases antibiotic therapy surgical anesthetics radiation therapy chronic alcoholism drug intoxication

A dosage form for every need: Tablets, Spansule® capsules, Ampuls, Multiple-dose Vials, Suppositories and Syrup.



Smith Kline & French Laboratories

THIS INVESTMENT PAYS OFF

oughly satisfied with his investment so far. Since the investment is me, I intend to keep him satisfied. Let me tell you about our arrangement (admittedly as a sales pitch, though not for myself but for hundreds of young men like me). To begin with, here's how the idea was born:

Several months ago, I happened to read a mouth-watering prospectus offering stock in an electronics company. I couldn't afford to buy, of course, because I needed my entire \$200-a-month stipend—and then some—just to support my family. But the

"Here's a company that's ready to branch out into a new field so that it can increase its profits," I mused. "But it needs working capital before it can go ahead. Isn't that the same boat I'm in—entering a residency to broaden my professional knowledge and raise my potential earning power? Then why can't I get some working capital just as a

prospectus started me thinking.

company does-from an investor?"

I was sure my analogy was sound in theory. But was it sound enough to produce real dollars? I decided to find out. I realized that a potential investor would have to be someone who could

> easily recognize the earning potential of a young doctor. My best bet? An older physician, of course.

> So I invited an uncle of mine to dinner. He has been a successful internist for seventeen years. Over the soup course, I broached my idea. By dessert, he was

telling me I'd presented my sales talk in apple-pie order, and he'd be willing to invest in me. The details were worked out before we left the table. Here's what we agreed to do:

He'd lend me \$6,000 as an investment in my future. I'd pay interest at 5 per cent a year. The interest would accrue from the day I got the loan, but I wouldn't have to start paying it for several



THE AUTHOR, who writes here under a pen name, is a resident in obstetrics at an Ohio hospital.

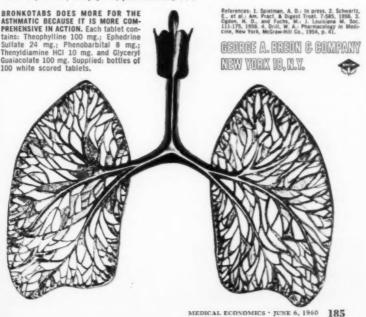
For demonstrably greater relief in asthma'

GLEARS the bronchial tree of thick mucus and DILATES the bronchioles

Bronkotabs is more effective because it is more comprehensive in treatment. First, Bronkotabs dilate's bronchioles, combats local edema and provides mild sedation.

In addition, Bronkotabs decongests, using a most effective expectorant (glyceryl guaiacolate)² to liquefy and help expel the thick, tenacious mucus which is the cause of much of the respiratory distress in chronic asthma.³ Since asthma is a chronic allergic disease of the bronchial tree,³ Bronkotabs also supplies a highly efficient antihistamine (thenyldiamine) for prophylactic maintenance.⁴ Marked and consistent relief of symptoms with minimum side effects can be expected with a dose of one tablet every three or four hours, not to exceed five times daily.

In a recent study¹ of 40 patients with asthma, 33 patients (82.5%) reported Bronkotabs brought fair to good relief from asthmatic symptoms. Asthma relief was expressed by ease of expectoration of secretions, reduction of bronchospasm, and increased vital capacity. "The combination of drugs used in...[BRONKOTABS]...gave greater relief in these patients than the conventionally used tablet [ephedrine, theophylline, phenobarbital]..."



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It's so easy to keep the complete financial facts of your practice up-to-date, orderly and readily available for years ... with a Histacount Bookkeeping System.

You'll know, at a glance, what you earned, collected and spent for any day, week, month or year.

It's so easy — no bookkeeping knowledge needed.

Start the New Year right, with the system devised for you. Send for FREE sample pages

and literature.

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INVESTMENT PAYS OFF

years. (A flexible schedule would give me up to seven years to start payments and up to fifteen years to complete payment of both principal and interest.)

Meanwhile, my uncle's investment would be protected by an insurance policy on my life for the amount of the loan plus interest. I'd pay the premiums; and he'd be the beneficiary until the loan was repaid.

Our arrangement is a business one, despite our family relationship. In fact, we had a lawyer draw up a note spelling out the above points in detail. My uncle agrees with me that he has made a wise investment—that, in other words, this isn't simply a sentimental gesture on his part.

Do you agree that my plan is a good one? Do you have a few Continued on page 190

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

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Today—as before—

Only Kent offers this remarkable combination:

FINEST NATURAL TOBACCOS FAMOUS MICRONITE FILTER

Millions of smokers have changed to Kent because of this combination. They discovered that this combination was the reason why Kent satisfies your appetite for a real good smoke.

First, finest natural tobaccos.

Kent uses only the finest natural tobaccos-ripe, golden leaves-which, when shredded into tiny strands and carefully blended, produce a real tobacco taste.

Second, Kent's famous Micronite filter which contains

a remarkable series of flavor channels. The rich taste of natural tobaccos flows through with a free and easy draw. The Kent filter is not too long, not too short, not too tightsmokers get every delicate shading of flavor of Kent's finest

natural tobaccos.

Others may imitate, but none can duplicate the quality of Kent.



If you would like the booklet for your own use, "The Story of Kent," write to: P. Lorillard Company Research Department 200 East 42nd Street New York 17, N. Y.

1960, P. Lorillard Co.

Today—as before—for good smoking taste, it makes good sense to smoke Kent, because Kent satisfies your appetite for a real good smoke

A Product of P. Lorillard Company-First with the finest cigarettes-through Lorillard Research (

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control the tension-treat the trauma

...Pathibamate 400

greater flexibility in the control of tension, hypermotility and excessive secretion in gastrointestinal dysfunctions

PATHIBAMATE combines two highly effective and welltolerated therapeutic agents:

meprobamate (400 mg. or 200 mg.) — widely accepted tranquilizer and ...

PATHILON (25 mg.) — anticholinergic noted for its peripheral, atropine-like action, with few side effects.

The clinical advantages of PATHIBAMATE have been confirmed by nearly two years' experience in the treatment of duodenal ulcer; gastric ulcer; Intestinal colic; spastic and irritable colon; lleitis; esophageal spasm; anxiety neuroals with gastrointestinal symptoms and gastric hypermotility.

Two dosage strengths — PATHIBAMATE-400 and PATHIBAMATE-200 facilitate individualization of treatment in respect to both the degree of tension and associated G.I. sequelae, as well as the response of different patients to the component drugs.

Supplied: PATHIBAMATE-400 — Each tablet (yellow, 1/2-scored) contains meprobamate, 400 mg; PATHILON tridihexethyl chloride, 25 mg. PATHIBAMATE-200 — Each tablet (yellow, coated) contains meprobamate, 200 mg; PATHILON tridihexethyl chloride, 25 mg.

Administration and Dosage: PATHIBAMATE-400—1 tablet three times a day at mealtime and 2 tablets at bedtime.

PATHIBAMATE-200—1 or 2 tablets three times a day at mealtime and 2 tablets at bedtime.

Adjust to patient response.

Contraindications: glaucoma; pyloric obstruction, and obstruction of the urinary bladder

(Bedorto

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

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THIS INVESTMENT PAYS OFF

thousand dollars lying idle? If you know a resident who needs money, the rest is up to you. Even if you have no one in mind, you might want to look for someone to invest in.

If my idea catches on, the A.M.A. and county medical societies could help you choose somebody. It seems to me they might well act as clearinghouses for getting residents and older doctors together. To illustrate how such clearinghouses might work:

Dr. Lawson, let's say, is 30

years old and has a wife and three children. He wants to take a three-year residency in gynecology. Since he has no outside source of income, he goes to his county medical society and registers as an available "investment." The society publishes his name and address in its bulletin. At the same time, his name is sent to the A.M.A., which follows the same procedure.

You see Dr. Lawson's name in the Journal A.M.A., and you get in touch with him. Then you

Continued on page 194

GLUKOR effective in 85% of cases.¹ Glukor may be used regardless of age



The original synergistically tortified chorionic gonadotropin, Dose 1 cc [M — Supplied 10 & 25 cc vials.

- Gould, W. L.: Impotence, M. Times 84:302 Mar. '56.
 Personal Communications from 110
- Physicians.
- 3. Milhoan, A. W., Tri-State Med. Jour., Apr. '58.

Reg. U.S. Pat. Off. Pat. Pend. @ 1958

and/or pathology . . . without side effects . . . effective in men in IM-POTENCE, premature fatigue and aging.2 GLUTEST for women in frigidity and fatigue.3.

Lit. available, Also samples GLUTEST (oral)

esearch Pine Station, Albany, N. Y.

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completely emulsifies and washes off excess oil from the skin. penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs. removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic®,*a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions...enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

Fostex is available in two forms-



FOSTEX CREAM, in 4.5 oz. jars. FOSTEX CAKE, in bar form.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

WESTWOOD PHARMACEUTICALS . Buffalo 13, New York

MEDICAL ECONOMICS · JUNE 6, 1960 191

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for morning sickness

Bonne brand of meditine hydrochiquide of



DOSAGE:

One or two tablets give 24 hour protection. Administer at bedtime to prevent "next morning" sickness.

SUPPLIED BONINE Tablets, scored, 25 mg. BONINE Chewing Tablets, mint-flavored, 25 mg. BONINE Elixir, cherry-flavored, equiv. 12.5 mg. per 5 cc.

* Trademark

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basic by every standard

effectiveness

"Also, there are fewer therapeutic failures when patients are treated with ... [BONINE] than with the other drugs." ... [BONINE] is highly effective in relieving the nausea and vomiting of pregnancy, providing also the advantage of prolonged action. Thus, patients need not anticipate medication in the early morning hours when nausea is at its worst." 2

safety

"...[BONINE] is a drug which is safe and nontoxic to both the mother and fetus and which is attended by a minimum of undesirable side effects."

toleration

"The incidence of side effects is very low and this agent exhibits less sedation and somnolence within therapeutic ranges than any of the effective antiemetic agents."

"Side effects were conspicuous by their rarity."2

convenience

"The most striking advantage of...[BONINE] was that the administration of an effective dose only once daily, at bed-time, gave 24 hour protection, thus obviating the inconvenience and distress of repeating doses during the day."

"...[BONINE] is especially effective and has the advantages of a long duration of action (up to 24 hours) and a minimum of untoward side reactions."

economy

A single low-dosage drug providing therapeutic benefit at reasonable cost...contains no unnecessary added ingredients that increase cost...requires no extended-action tablet structure for prolonged effect.

experience

The value of BONINE as an antinauseant has been well documented and is supported by six years of successful clinical use. 1-18



only rarely does one drug meet so well the needs of one condition

REFERENCES: 1. Moyer, J. H.: M. Clin. North America, Mar., 1957, p. 405. 2. Lebberr, T. B., and Harris, J. H.: Dost, A. Gynec, 6:060, 1955. 3. Bulberr, C. Bcl., and Bryans, C. L. Jr.: Initials M. J. 1907, 1908. 6. Charles, C. H.: Reservation of the Control of t

MEDICAL ECONOMICS · JUNE 6, 1960 193

THIS INVESTMENT PAYS OFF

work out financial arrangements suitable to both of you. That's all there is to it.

I know that some doctors may consider this type of arrangement unworkable. "What happens," they'll ask, "if the resident turns out to be lazy. What if he doesn't establish a practice and earn enough to repay his investor in a reasonable time?"

There are two answers to that one. First, the agreement between you and the resident is a formal contract, subject to legal action just as any other financial arrangement is. But I prefer the second answer:

The best safeguard for the investor's money is the personal and professional integrity of the resident. He isn't likely to saddle himself with a lengthy residency if he doesn't have the ambition to follow through.

So if you invest in a resident, you'll have your money back with interest. And you'll be doing a service to medicine at the same time. Could you ask for a better use to put your money to?

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safe and practical treatment of the postcoronary patient

A basic characteristic of the postcoronary patient, whether or not cholesterol levels are elevated, is his inability to clear fat from his blood stream as rapidly as the normal subject.¹⁻³ Figure #1 graphically illustrates this difference in fat-clearing time by comparing atherosclerotic and normal subjects after a fat meal.³

"Slow clearers" gradually accumulate an excess of fat in the blood stream over a period of years as each meal adds an additional burden to an already fatladen serum. As shown in figure #2, the blood literally becomes saturated with large fat particles, presenting a dual hazard to the atherosclerotic patient: the long-term danger of deposition of these fats on the vessel walls, 4 and the more immediate risk of high blood fat levels after a particularly heavy meal possibly precipitating acute coronary embarrassment.⁵

In figure #3, the test tube at the left contains lipemic serum, while the one at the right contains clear, or normal serum. If serum examined after a 12-hour fasting period presents a milky appearance, this is a strong indication that the patient clears fat slowly and is a candidate for antilipemic therapy in an effort to check a potentially serious situation.

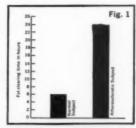
'Clarin', which is heparin in the form of a sublingual tablet, has been demonstrated to clear lipemic serum.^{2.6.7} Furthermore, a two-year study using matched controls resulted in a statistically significant reduction of recurrent myocardial infarction in 130 patients treated with 'Clarin'.⁶

'Clarin' therapy is simple and safe, requiring no clotting-time or prothrombin determinations. Complete literature is available to physicians upon request.

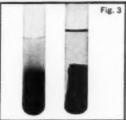
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(sublingual heparin potassium, Leeming)







Indication: For the management of hyperlipemia associated with atherosclerosis, especially in the postcoronary patient.

Dosage: After each meal, hold one tablet under the tongue until dissolved.

Supplied: 'Clarin' is supplied in bottles of 50 pink, sublingual tablets, each containing 1500 I.U. of heparin potassium.

Registered trade mark. Patent applied for.

Thes Leeming & Co. Inc.

MEDICAL ECONOMICS - JUNE 6, 1960 195

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Cortrophin



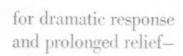
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 "Complete relief of acute bursitis was accomplished in 85% of 35 cases treated..."

"(Dosage was) 1 intramuscular injection of Cortrophin-Zinc ... 2 cc. or 80 U.S.P. units."

"Definite clinical improvement occurred within 4 hours..."

* "... and complete symptomatic resolution in 24 hours."

"Complete restoration of painless motion was thus accomplished and the patient returned to work within 2 days."

* "No additional therapy was needed. The simplicity of this treatment is self evident."

*Klosk, E. and Bernstein, A.: J. Newark Beth Israel Hospital 11:58, 1960.

Cortrophin-Zinc—preferred over other acth preparations, because of these special advantages—

* Rapid onset-5% is free ACTH for quick absorption.

* Prolonged action-48- to 72-hour action with 1 cc. (40 units).

* Safety-slow, steady release avoids over- and under-dosages.

* Convenience-free-flowing; no pre-heating needed.

* Purity-minimizes risk of sensitization.

 Painlessness—because of fine, aqueous suspension, small needle.

Supplied: 40 or 20 U.S.P. units/cc., 5-cc. vials; l-cc. (40 U.S.P. units) ampuls with sterile, disposable syringe.



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convenient tablets of 2.5 mg., and for children a deliciously TANGERINEflavored syrup

We believe that you and your patients will like 'ACTIDIL'. If you would like to try the tablets or syrup of 'Actidil', please write us and we'll be glad to oblige.



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Treat Patients? Not Me. It's Too Risky!

BY KENNETH R. MORGAN, M.D.

I've been learning a lot lately about the *modern* way to practice medicine. Now I know that the really streamlined office is one where patients pay up as they file in; where consulting rooms are omitted so as to discourage patients from talking (they might take the doctor's mind off his investment problems); and where the doctor himself avoids malpractice suits by shunning contact with the sick.

Here, then, is how I envision medical practice in the years ahead: SCENE: the office of Dr. O. K. Farewell. Dr. Farewell is a diplomate of the American Board of Referring Physicians. He doesn't treat patients because of the obvious legal liabilities, but merely refers them to less cautious colleagues. The stage is divided by a central partition into two rooms.

The larger room contains several desks at which sit, respectively, a consultant on office management; a certified public accountant; a field representative

Continued on page 202

THIS ARTICLE is reprinted from a recent issue of News Capsule, the journal of the Fairfield County (Conn.) Medical Association.

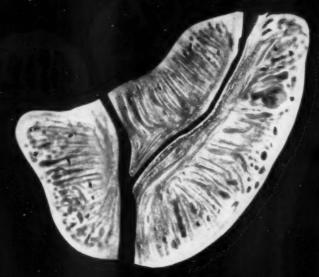
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the indication: prostatitis
the incidence: "amazingly high"—"Inflammations
of the prostate gland...occur with an amazingly
high incidence in general practice."

the inference: probably "the most common chronic infection in men over 40 years of age."

Su

the ideal: "by far the most effective drug"

Furadantin

brand of nitrofurantoin

"... by far the most effective drug to be employed, and this has been substantiated in practice. It is a drug of low toxicity and, what is more important, bacteria rarely if ever become resistant to it. It can be employed for long periods of time, is bactericidal and does not favor the appearance of monilial infections." 3

In acute prostatitis: "Antibacterial medication, preferably Furadantin (Eaton) 100 mg. 4 times daily is indicated . . ."4

In chronic prostatitis: "From clinical observation we have found that more cases of chronic prostatitis respond to FURADANTIN than to any other anti-infection agent." 5

In benign prostatic hypertrophy: (to prevent or treat concomitant infection): "Nitrofurantoin [Furadantin] may be used for protracted periods for the suppression of infection in the urinary tract, even in the presence of probable obstruction . . . it may provide prolonged relief from symptoms and permit better selection of the proper time for surgical or manipulative procedures." 6

Postoperatively in prostatic surgery: "In conjunction with routine post-operative care, Furadantin is frequently used." 7

FURADANTIN dosage in prostatitis: Acute cases—100 mg. tablet q.i.d. with meals and with food or milk on retiring until cured. Chronic cases—100 mg. tablet q.i.d. for 10 to 14 days; depending on response, dosage may then be reduced to 100 or 200 mg. daily for 1 to 3 months.

Supplied: Tablets, 50 and 100 mg., Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Campbell, M. F.: Principles of Urology, Philadelphia, W. B. Saunders Co., 1957, 2. Farman, F., and McDonald, D. F.: Brit. J. Urol. 31:176, 1959, 3. Sanjurjo, L. A.: Med. Clin. N. America 43:1601, 1959, 4. Barnes, R. W.: Prostatitis, J. R Conn, F.: Current Therapy 1957, Philadelphia, W. B. Saunders Co., 1957. 5. Barnes, R. W., in discussion of Chinn, J., and Bischoff, A. J.: Tr. West, Sect. Am. Urol. Ass. 22:189, 1955. 6. Jawetz, E.: A.M.A. Arch. Int. M. 100:549, 1957. 7. Glazier, M., and Lombardo, L. J., Jr.: From the film Retrepublic Prostatovesiculectomy, Eaton Laboratories, Norwich, N. Y., 1959.

EATON LABORATORIES, NORWICH, NEW YORK

TREAT PATIENTS? NOT ME!

of Merrill Lynch, Pierce, Fenner & Smith; two office aides, one of whom is a pretty blonde with a dazzling smile (patients must be warmed), the other a matronly type (patients must be made to feel secure); and, finally, a run-of-the-mill R.N.

In the smaller room, there's a small aluminum desk for Dr. Farewell, with the customary stock-market ticker to the right of it. An examining table occupies the center of the room; behind the table, concealed by a screen, is a desk for Dr. Farewell's lawyer, Mr. Nolle Tangere. There are no chairs, for the obvious reason that chairs might encourage the patient to sit down. A small dressing alcove completes the furnishings.

No Billing Problems

Between the two rooms there's a turnstile guarded by a uniformed girl who collects from each patient before he can see the doctor. Her other duty is to make change for the pill-vending machine behind her; for, while the doctor won't prescribe for patients, they're at liberty to pre-

scribe for themselves. A sign prominently displayed on the machine spells out the phrase "Take at Your Own Risk."

As the curtain rises, Dr. Fare-well is standing at his desk reading the ticker; Mr. Tangere is behind his screen; and the R.N., Miss Belleweather, is at the door. In the other room the office staff are busily engaged at their desks. Waiting nervously at the turn-stile is a patient, Mrs. Proudflesh.

Nurse: I have a patient for you, Doctor.

No Interruptions

FAREWELL: Now, now, Miss Belleweather. You know I have no time for that sort of thing. Look at the appointment book! Six detail men, the committee for the elimination of hospital ward rounds, the committee for eliminating the hospital staff, the landscape gardener for the Office Improvement Association, the—

NURSE (interrupting): But she's had this appointment for eight months. Her name came out of the Univac this morning.

Continued on page 203

even Her Doctor Doesn't know... (she has dandruff). The great lavender coverup. Too many people take this wig-on-the-head attitude toward dandruff... if you can't see it, it isn't there. (Besides which, they've tried all the "sure cures" anyway and yet they're still scratching.) Someone should tell them that there is a medical answer to dandruff control—Selsun... It could be that an authoritative word from you... and a prescription for Selsun... would be the best thing that





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2 IBEROL FILMTABS A DAY SUPPLY:

The Right Amount of Iron Ferrous Sulfate, U.S.P., 1.05 Gm. (Elemental Iron—210 mg.)

Plus the Complete B-Complex
Vitamin B₁₁ with Intrinsic Factor
Concentrate, 1 U.S.P. Unit (Oral)
Liver Fraction 2, N.F. 200 mg.
Folic Acid. 2 mg.
Thiamine Mononitrate 6 mg.
Riboflavin. 6 mg.
Nicotinamide 30 mg.
Pyridoxine Hydrochloride 3 mg.
Calcium Pantothenate 6 mg.



FAREWELL: All right. But we'll never reach maximum efficiency at this rate.

(A bell rings, and a red light glows over the turnstile. The uniformed attendant accepts a bill from Mrs. Proudflesh, punches the cash register, makes out a memo in triplicate, and sends it by pneumatic tube to the desk of the C.P.A. Then she releases the turnstile, and the patient passes into the inner sanctum.)

MRS. PROUDFLESH (nervously): Oh, Doctor, you can't imagine how glad I am to finally be allowed to see you.

FAREWELL: Yes, yes, Madame. Wait till I turn on the tape machine. Can't waste time taking notes. (He turns on the machine.) Well, what is it?

MRS. PROUDFLESH: It's my foot, Doctor. It seems that I—
FAREWELL: All right, all right, into the dressing room with you.
Take off your shoe and stocking.
(The nurse escorts Mrs. Proud-

Voice of Mr. Tangere (from behind the screen): *Both* shoes and *both* stockings.

flesh into the dressing room.)

NURSE: Check.

TANGERE: Can't be too careful. Could be a plant. Look at the wrong foot, and you're a gone goose. Play it safe. Look at both.

FAREWELL: Thanks, Tangere; that could have been a close call. (The patient emerges in a wheel

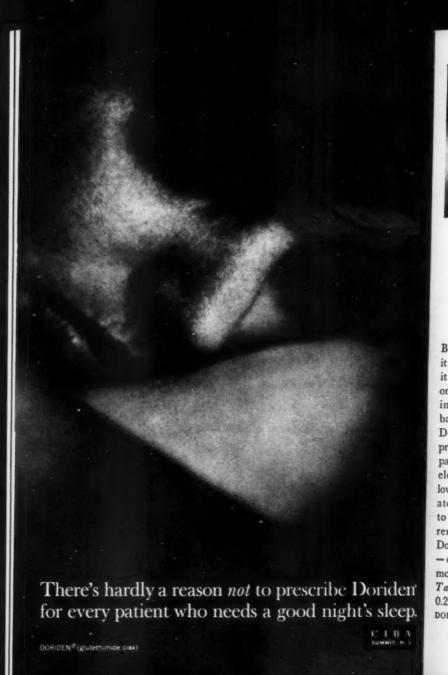
Fresh start

A frantic mother phoned that her 2-year-old had swallowed twenty-five aspirin tablets. I told her to take the child to the hospital at once to have his stomach lavaged.

Two hours later, she called again. The stomach lavage was done. Now she had a question: The child had a cold—should she give it aspirin?

—M.D., KANSAS

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to\$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.



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Why you can prescribe DORIDEN® for nearly all insomnia patients

Because it acts smoothly, because it is metabolized rapidly, because it apparently has no toxic effect on the liver or kidney, Doriden is indicated in many cases where barbiturates are unsuitable. With Doriden, for example, you can prescribe a good night's sleep for patients sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve, and those unable to take barbiturates because of renal or hepatic disease. And Doriden patients awake refreshed -except in rare cases, there's no morning "hangover." SUPPLIED: Tablets, 0.5 Gm., CIBA 0.25 Gm., 0.125 Gm. SUMMIT-NEW JERSO

DORIDEN® (glutethimide CIBA)

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TREAT PATIENTS? NOT ME!

chair pushed by Miss Belleweather. Farewell inspects her feet critically.) Can't see anything wrong with your feet.

MRS. PROUDFLESH: There's nothing wrong now. But eight months ago I stubbed my toe, and lately I've been getting these dizzy spells and headaches sort of. So I was wondering if maybe you could take my blood pressure.

FAREWELL (to the nurse): Remove the wheel chair. (To Tangere) I knew this thing would encourage conversation. You and your risks. Pah! (To the patient) Oh, very well; but you don't get a blood pressure on a routine office call. You'll have to go out and come through the turnstile again. By the way, Miss Belleweather, be sure to have the patient sign a release.

(Mrs. Proudflesh is escorted out. The doctor takes this opportunity to pick up a sprinkling can and water the geraniums in his window box.)

FAREWELL: You know, Tangere, there's nothing like a few geraniums to brighten up your office. They really help to build up a practice.

END

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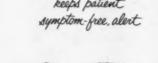
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side effects, particularly drowsiness, negligible or absent





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Twiston, 2 mg./Twiston R-A, 4-mg. ... "Tailor-made" to provide

full symptom control with exceptionally low doeage-reducing possibility of side effects to a minimum. No toxicity has been reported with TWISTON.

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Tablets TW(STON, 2 mg. Adults: 1 to 2 tablets t.i.d. or q.i.d. Children: ½ to 1 tablet t.i.d. or q.i.d.

BORATORIES, INC. PHILADELPHIA 32, PA.

G.P.s Get Low-Cost Retirement Savings Plan

This new group program for A.A.G.P. members combines annuity and mutual-fund investments. And it may eventually bring benefits not only to the general practitioners but to all doctors

BY CLIFFORD F. TAYLOR

One of the most perplexing problems for the self-employed physician is how to plan sensibly for retirement. Should he put his money in a fixed-dollar retirement income annuity—and pray that inflation won't make a mockery of his plan? Or should he invest his money in growth stocks—and pray that they won't simply refuse to grow?

Most investment counselors feel it's wise to hedge your bets by putting some of your money in common stocks and some in a guaranteed annuity plan. In line with such thinking, the American Academy of General Practice is now ready to offer its members a retirement program that combines both types of investment.

What's more, because of the group purchasing power of the A.A.G.P.'s 27,000 members, each doctor will be able to participate at a lower cost than that involved in setting up an indivi-

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G.P.s' LOW-COST RETIREMENT PLAN

dual program. The administrators of the A.A.G.P. Group Retirement Plan believe that any doctor who buys an annuity through the plan will enjoy attractive savings.

A man who buys shares in the plan's mutual fund will pay a 6 per cent sales commission on the first \$1,000 he invests, and only 2 per cent on further purchases. Compare these percentages with the 7 or 8 per cent "loading" charge demanded by most mutual funds.

So the new program is pretty certain to have a broad appeal. Furthermore, it may not be limited to G.P.s alone. To get some idea of its possible significance for all U.S. physicians, let's see how it has been set up:

How It Was Set Up

The plan is the first of its type available to members of any national medical association. A singularly flexible program, it permits the participant to tailor his investments to suit his own objectives. For instance, he can invest only in the retirement annuity. He can invest only in the

growth-stock mutual fund. Or he can divide his money between the two in any way he chooses.

What's more, he can shift his holdings from one to the other. Or he can withdraw from the plan altogether without additional cost or "termination" charges.

Why It Was Set Up

"The basic idea behind the Academy's approval of the plan was threefold," says Mac F. Cahal, executive director and general counsel of the Academy. "We wanted it to fulfill a basic need of our membership for a lowcost retirement investment plan that would combine the stability of a retirement annuity with mutual-fund investment. We wanted such a plan to be so desirable that it would induce other qualified general practitioners to join the Academy in order to get the benefits. And we wanted our members to be prepared to take advantage of the Keogh bill or any similar measure Congress might enact."

Preliminary work on the program began at the Academy's annual meeting in 1956. At that



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free from hazards of systemic absorption on topical application...effective, economical...for any steroid-responsive skin disorder...available as Foam Aerosol, Aerosol and Cream with or without neomycin

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IMPROVING ON NATURE

Converting iron into steel is just one of the countless ways in which man has increased the usefulness of nature's bounties. In the treat-

ment of hypothyroidism, Proloid, the only improved but complete thyroglobulin, offers similar evidence of man's ingenuity in improving on nature.

An exclusive double assay assures unvarying potency and a uniform clinical response from prescription to prescription. To restore patients to a euthyroid state—safely and smoothly—specify Proloid. Three grains of Proloid daily is the average dosage for patients with mild forms of hypothyroidism.

dependable, safe, economical

PROLOID



RETIREMENT PLAN

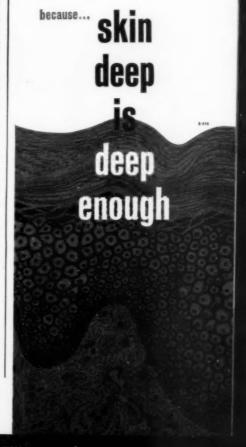
time, the delegates instructed their insurance committee to make a study of group retirement planning.

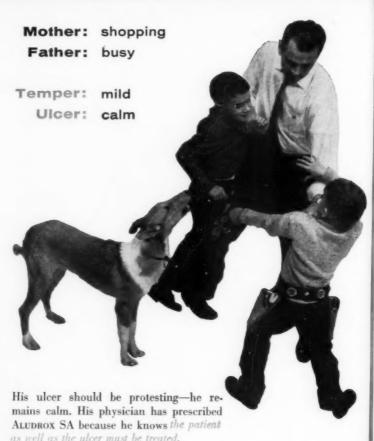
"We thereupon investigated every possible type of plan," says Dr. Herbert W. Salter of Cleveland, Ohio, who heads the committee. "We were looking for a set-up that would enable our members to invest for retirement at a lower cost than they might individually. At the same time, we wanted a program that would not compel the doctor to buy something he didn't want or need in order to get something he did."

The ideal solution seemed to be a retirement plan that would combine a fixed-dollar annuity with a mutual fund, but that wouldn't tie them together. On the insurance committee's recommendation, the Academy's board of directors approved the general idea in September, 1958. And the Kansas City, Mo., insurance firm of R. B. Jones and Sons was commissioned to organize and administer the new program.

At that point, the G.P.s assumed that an insurance company would underwrite the an-







calms emotional distress • promotes healing
 reduces acid secretion • relieves pain • inhibits

ALUDROX'SA

Suspension and Tablets: Aluminum Hydroxide Gel with Magnesium Hydroxide, Ambutonium Bromide and Butabarbital, Wyeth

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gastric motility



A Century of Service to Medicine

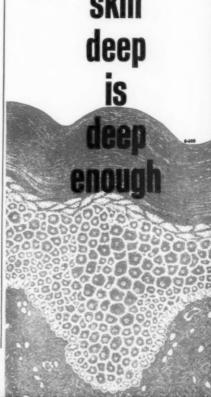
RETIREMENT PLAN

nuity portion of their plan and that an established mutual fund would offer its shares to Academy members at group rates. Several local organizations like the Los Angeles and Fairfield, Conn., county medical societies had successfully set up such buying programs for mutual-fund shares. Because of mass purchases, they'd been able to offer a low 2 per cent loading charge.

But in January, 1959, the Securities and Exchange Commission slapped down such discount buying. A mutual fund may not charge one group of buyers less than another, said the S.E.C. So if the A.A.G.P. wanted its members to enjoy low rates for mutual-fund investment, it would have to have a fund sponsored for it.

With the Academy's approval, R. B. Jones and Sons proceeded to set one up. First, members of the firm furnished the capital to set up an organization to administer the retirement plan as a whole: Jones Plans, Inc. Then they set up an investment company to handle the mutual-fund part of the plan: Associations Investment Fund, Inc. Finally, they

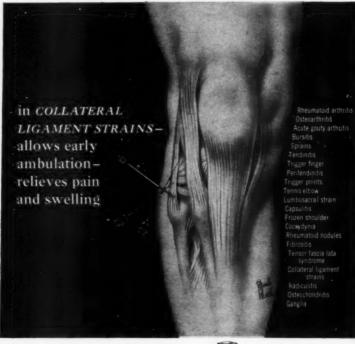




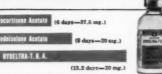
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HYDELTRA-T.B.A.

for relief that lasts - longer



Duration of relief exceeds that provided by any other steroid ester



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Desage: the usual intra-articular, intra-bursal or soft tissue dose ranges from 20 to 30 mg, depending on location and extent of pathology.

Supplied: Suspension 'HYDELTRA'-T.B.A.—20 mg./cc. of prednisolone tertiary-butylacetate, in 5-cc. vials.



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RETIREMENT PLAN

contracted with Connecticut General Life Insurance Company to underwrite the annuity coverage at group rates.

The A.A.G.P. Group Retirement Plan, as it is now constituted, was adopted by the G.P.s at their San Francisco meeting in April, 1959. But there was still plenty of work ahead for the plan's administrators. Final details of all its phases had to be worked out. And it had to be registered with both Federal and state agencies.

Registration of the investmentfund portion of the plan became effective with the S.E.C. in March of this year. Since then, the fund has been registered in California, Delaware, Kansas, Minnesota, Missouri, Montana, New Jersey, New York, Pennsylvania, South Carolina, Texas, Utah, Virginia, West Virginia, and Wyoming. Most other states are expected to follow suit before next fall.

"By midsummer, we are told to expect approval in the states that have about 50 per cent of Academy membership," says Dr. Salter. "By September, our mutual-fund shares should be avail-

Continued on page 218



pirst chlorinated steroid **DILODERM**AEROSOL



specifically leveled at topical skin therapy...

rapid, prolonged relief in itching, burning dermatoses; especially for difficult-to-reach and hairy areas. DILODERM Aerosol or NEO-DILODERM Aerosol (with neomycin) available in 50 Gm. containers.

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Lifts depression...



. as it calms anxiety!

Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

Balances the mood - no "seesaw" effect of amphetamine-barbiturates and energizers.

While amphetamines and energizers may stimulate the patient - they often aggravate anxiety and tension.

And although amphetamine-barbiturate combinations may counteract excessive stimulation — they often deepen depression.

In contrast to such "seesaw" effects, Deprol's smooth, balanced action lifts depression as it calms anxiety—both at the same time.

Acts swiftly - the patient often feels better, sleeps better, within a few days.

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly—often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

Acts safely - no danger of liver damage.

Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function — frequently reported with other antidepressant drugs.

Deprol*

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

WALLACE LABORATORIES / New Brunswick, N. J.

able to at least 90 per cent of the A.A.G.P. membership."

Meanwhile, the master contract covering the annuity part of the program has been filed with the insurance department of Missouri (where Academy and Retirement Plan headquarters are located). When it's approved there, it will be made available to all members; and the entire program will get under way.

Now let's see what each component of the plan will offer the doctors:

The mutual fund (Associations Investment Fund, Inc.) has for its investment counsel the firm of David L. Babson and Company, Boston, Mass., which has an outstanding record in the field of growth-stock investment. Under the guidance of the Boston company, the fund will try to give its shareholders a long-term growth of capital and income. From time to time, the fund may invest in high-grade bonds and preferred stocks. But it will concentrate mainly on common stocks.

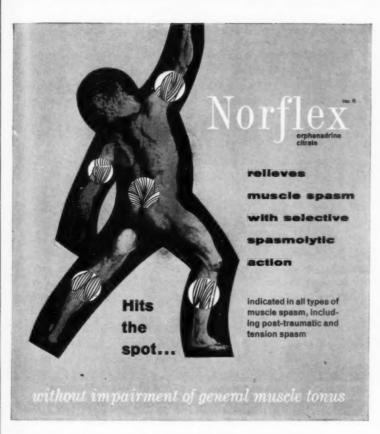
As already noted, sales fees will be considerably lower than

the 7 or 8 per cent loading charges for the typical mutual fund. And dividends and capital-gains distributions will be automatically reinvested for each share-holder—unless he requests otherwise—at no extra charge.

He Can Drop Out

Any doctor will be able to redeem all or part of his shares at any time. He can have his money in a lump sum, or he can elect to have it paid to him in monthly, quarterly, or yearly installments. Thus, the individual physician-investor will have a good deal of leeway in gearing his fund dollars to the rest of his retirement program.

And the rest of that program may well consist of a guaranteed, fixed-dollar retirement income under the annuity portion of the Academy plan. As underwritten by Connecticut General, this will offer such an income to the A.A.G.P. member at whatever retirement age he chooses. The amount of his annuity will depend, of course, on how much he invests and at what age he starts.



Restores mobility quickly and relieves associated pain by prompt relaxation of only the muscle in spasm. Prolonged action and potency provide all-day and allnight benefits...permitting uninterrupted sleep...facilitating rehabilitation.



standard dosage

for all adults regardless of age, sex, or weight: 1 tablet (100 mg.) b.i.d.easily remembered ... offering better patient cooperation.



Norflex for prompt, safe spasmolytic action

Trademark U.S. Patent No. 2,967,351. Other patents pending.

Northridge, Coliforni



MEDICAL ECONOMICS · JUNE 6, 1960 219

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G.P.s' LOW-COST RETIREMENT PLAN

For example, based on present rates, a 30-year-old doctor who decides to invest \$100 a month in the annuity and to retire at 65 will get \$480.89 a month for life at that age. Should he elect 70 as his retirement age, his lifetime monthly income would be \$695.-66. (Comparable figures for a man of 40: \$284.74 at 65; \$429.73 at 70. For a man who buys the coverage at 50: \$142.91 at 65; \$238.05 at 70.)

A.A.G.P. spokesmen point out that their annuity will provide all the payment and beneficiary options to be found in any standard contract. It will lack none of the interest and cash-value features that individual policies offer. Yet, because it's a group arrangement, Academy members can expect to get more for their money.

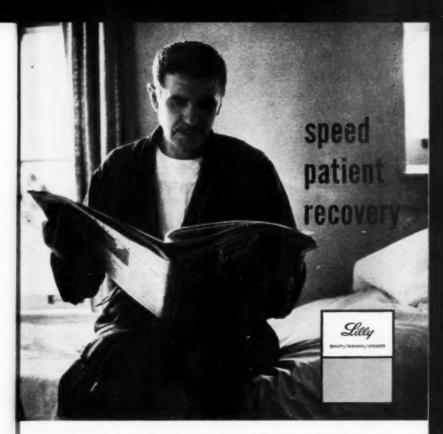
Just by way of comparison: A 40-year-old doctor who put \$100 a month in an individual annuity contract sold by one large insurance company would enjoy an after-65 monthly income of only \$271. That, you'll notice, is \$13.74 less than he'd receive under the Academy plan.

It's still too early to tell whether or not the country's G.P.s will flock to take advantage of their new program. But predictions are that they will. One good reason is that there are so few strings attached to participation.

Any Academy member may make payments to either or both parts of the retirement plan. He can make them monthly, quarterly, semi-annually, or annually. If he enrolls in only one part of the plan—either the annuity or the fund—he can invest as little as \$180 a year. If he invests in both, he can do so with a minimum payment of \$360 a year. And he may even suspend his regular payment plan for as long as two years.

Non-A.A.G.P. Members

What would happen if he were to give up his A.A.G.P. membership? In that event, he could no longer invest in the annuity plan, which is a group plan restricted solely to Academy members. (He'd be entitled to the full cash value of his policy, of course, or he could leave in what he'd already invested.) But he could go



MI-CEBRIN T <u>therapeutic</u> vitamin-mineral tablet helps meet increased nutritional demands

"Primary or secondary nutritional disorders produce or complicate all the problems of the sick." Patients undergoing any prolonged convalescence will recover faster with potent nutritional supplementation.

Mi-Cebrin T supplies therapeutic quantities of vitamins and minerals plus intrinsic factor—the " B_{12} absorption booster" of special value to those elderly patients whose ability to absorb vitamin B_{12} may be impaired. For your convalescing patients—prescribe one or more Tablets Mi-Cebrin T a day.

Mi-Cebrin T® (vitamin-minerals therapeutic, Lilly)

1. Spies, T. D.: Some Recent Advances in Nutrition, J.A.M.A., 167:675, 1958.

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

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right on buying shares in the fund.

As administrator of the entire undertaking, Jones Plans, Inc., will process applications for both the fund and the annuity. It will collect and acknowledge all payments. And it will do everything else that needs to be done to make the plan work smoothly.

But ultimate responsibility rests with the American Academy of General Practice. The G.P.s' insurance committee will review their Group Retirement Plan annually; and the Academy's Congress of Delegates will get a report on it at each yearly meeting.

"We think we've got exactly what we want," says Dr. Salter. "But if there are any kinks to be ironed out, this annual review and report should manage to correct them."

Others Are Welcome

It's the hope of A.A.G.P. leaders that other national medical associations that may work out retirement plans for their members will use the Associations Investment Fund as their vehicle for mutual-fund investments. "The more doctors who participate in the fund, the more its assets and the lower its administration costs," says Executive Director Mac F. Cahal. "The annuity program is open only to Academy members. But the fund is *not* a closed corporation. Other national medical groups, including the A.M.A., are more than welcome to join up. A similar group annuity could be tailored for them."

Ready for the Keogh Bill

Whether or not their program makes converts among other groups, the G.P.s view it as a very forward-looking move. "We haven't forgotten the possibility of early Congressional action on the Keogh bill, which would ease the tax burden on retirement savings for self-employed taxpayers," explains Dr. Salter. "No matter what the Government does, our plan offers real benefits. But if, as appears likely, some version of the Keogh bill becomes law, we're all set to offer our members an approved and tested retirement plan."



because their physician has kept the twins well nourished, healthy, and free from diaper rash

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MEDICAL ECONOMICS · JUNE 6, 1960 223

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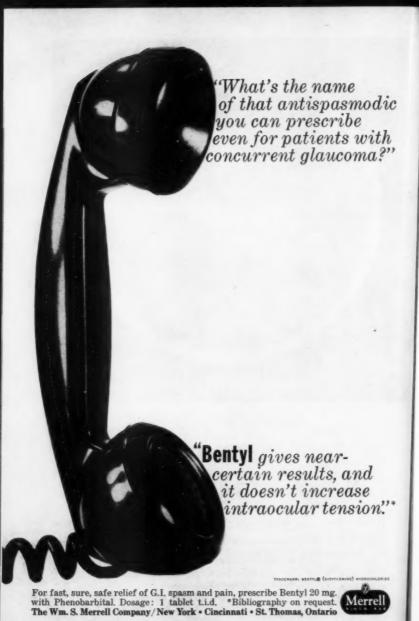
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Wake Up to What's Happening in Canada!

As a result of this week's elections, Saskatchewan may well have fully socialized medicine within a year. What's that to you? This report on the developments up there should start you thinking

By William N. Jeffers

ast December, Premier T. C.
Douglas of the vast Canadian province of Saskatchewan made a radio speech. As usual, it was a dynamic talk. And in it, say some who heard him, this brilliant politician sounded the death knell of private medical practice—as Canadians and Americans have known it—in his province.

For Mr. Douglas proposed a compulsory medical-care-insurance plan that may eventually give his socialist government complete control over Saskatchewan's 900 doctors. His scheme has become a plank in the platform on which he and his party will stand for re-election this Wednesday—June 8. If the voters return him to the position he has held since 1944, he says, he'll take it as a mandate to push his program through.

The province already has a compulsory hospitalization plan. Now, under the projected medical-care program, each family in Saskatchewan (pop. 907,000) will be required to pay an addi-

WHAT'S HAPPENING IN CANADA

tional annual premium of about \$40; a single person, \$17.50; and the entire population will be en-

titled to complete prepaid medical care. The premium will defray perhaps a third of the plan's

with a day, to 1.5 mg hetes i

How'd YOU Like to Get Such a Questionnaire?

Until recently, Canada stood with the U.S. as one of the great bastions of free medical practice. But state medicine has become an immediate threat to your Canadian colleagues.

All the Dominion's provinces except Quebec have Government-controlled health plans of various types. And now, as is reported in the accompanying article, Saskatchewan seems on the brink of a plan that goes further than any yet proposed.

One chilling indication of how near to socialization Canadian medicine may be is a questionnaire on health insurance that the Canadian Medical Association has sent to all its 20,000 members. A section entitled "Relations With Government" contains questions in the form of statements that, simply by virtue of being so matter-of-factly put, are hair-curlers.

On each, the doctor is requested to check one answer among five choices: "Strongly Agree," "Agree," "Undecided," "Disagree," and "Strongly Disagree." One wonders about the reaction of most physicians mulling over such statements as these:

"If a tax-supported program is introduced, I would accept administration of the program by a Government commission on which sits a nominee of the medical association."

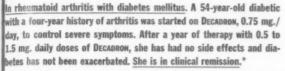
". . . I would accept payment by capitation fee."

"... I would accept payment on a salary basis."

"If Government intimates its intention to start a medical plan to cover all or almost all the residents of my province, I would want our Association to try to negotiate a plan as acceptable to the profession as is possible."

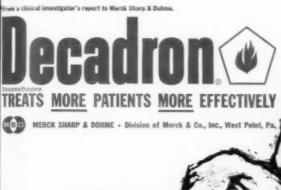
As the above extracts indicate, the questionnaire appears to be predicated not on a far-off potentiality, but on a currently developing situation. Can it happen here?

CLINICAL REMISSION IN A "PROBLEM" ARTHRITIC



New convenient h.l.d. afternate desage schedule; the degree and extent of relief provided by DECADROW allows for h.l.d. maintenance desage in many patients with so-called "chronic" canditions, Acute manifestations should first be brought under control with a t.l.d. or q.l.d. schedule.

Supplied: As 0.75 mg, and 0.5 mg, scored, pentagen-shaped tablets in bettles of 100. Also available as injection DECADROM Phosphate. Additional information on DECADROM is available to physicians on request. DECADROM is a trademark of Merck & Co., inc.



WHAT'S HAPPENING IN CANADA

cost. The rest of the money will come out of general tax revenues. Although the patient will have free choice of physician, the doctor's fee will be set by a Government schedule.

Nobody expects the control to stop there, though. "If the Government is going to spend the taxpayers' money to provide medical care," said the Premier in his radio talk, "then we feel it must be accountable . . . for the administration of the program." Among the administrative measures envisioned: the "encouragement" of large-scale relocation of doctors; the formation of many new medical groups.

"We believe that a medicalcare program must have as its major objective the improvement of the quality of care as well as better distribution and availability of care," said Mr. Douglas. "This implies . . . a better distribution of medical personnel as between urban and rural areas. It means encouraging group practice . . . Most important of all, such a plan will permit the integration of curative and preventive services."

Soothingly, the Premier assured his hearers that "no plan will operate successfully unless those giving the service and those receiving it are fully satisfied with it. We have no intention of pushing some preconceived plandown the doctors' throats. [We intend] to appoint an Advisory Planning Committee on Medical Care. This body will be comprised of three persons named by the medical profession, three representatives of the Government, three representatives from the general public, and one appointee from the University of Saskatchewan College of Medicine . . . We [hope] we can get a provincewide medical-care program started in 1961."

A Bombshell to M.D.s

How did the Canadian medical profession react to the announcement? About as you'd expect. Only a few months earlier, Premier Douglas had assured Saskatchewan physicians that they'd be consulted before he would ever set such a project in motion. In October, 1959, the Continued on page 233

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with a one week course of daily injections

Anergex-1 ml. daily for 6-8 days-usually provides prompt relief that persists.

Anergex-a specially prepared botanical extract-is nonspecific in action; it suppresses allergic manifestations regardless of the offending allergens. It is not a histamine antagonist, nor does it merely minimize the effects of a single allergen.

Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. It has been effective even in patients resistant to other therapy.

Reports on over 3,000 patients have shown that over 70% derived marked benefit or complete relief following a single short course of Anergex injections. Effective in seasonal and nonseasonal rhinitis (pollens, dust, dander, molds, foods); allergic asthma; asthmatic bronchitis and eczema in children; food sensitivities.

Available: Vials containing 8 ml.—one average treatment course. WRITE FOR REPRINTS AND LITERATURE

ANERGEX°

the new concept for the treatment of allergic diseases

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References: 1. Reports to the Squibb Institute, 1960. 2. David, N. A.; Porter, G. A., and Gray, R. H.: Monographs on Therapy 5:60 (Feb.) 1960. 3. Stenberg, E. S., Jr.; Benedetti, A., and Forsham, P. H.: Op. cit. 5:46 (Feb.) 1960. 4. Fuchs, M.; Moyer, J. H., and Newman, B. E.: Op. cit. 5:55 (Feb.) 1960. 5. Marriott, N. J. L., and Schamroth, L.: Op. cit. 5:14 (Feb.) 1960. 5. P. Shaw, D. M., and Sogdonoff, M. D.: North Carolina M. J. 21:19 Uan.) 1960. 7. Cohen, B. M.: M. Times, to be published. 8. Breneman, G. M. and Keyes, J. W.: Henry Ford Hosp, M. Bull, 2:281 (Dec.) 1959. 9. Forsham, P. H.: Squibb Clin, Res. Notes 2:5 (Dec. 1959. 10. Laron, E.: Op. cit. 2:13 (Dec.) 1959. 11. Kirkendall, W. M.: Op. cit. 2:11 (Dec.) 1959. 13. Weiss, S.: Weiss, J., and Weiss, B.: Op. cit. 2:13 (Dec.) 1959. 14. Moser, M.: Op. cit. 2:13 (Dec.) 1959. 15. Kahn, A., and Grenblatt, I. J.: Op. cit. 2:13 (Dec.) 1959.

New Rautrax-N results in prompt lowering of blood pressure.¹ Rautrax-N, a new and carefully developed antihypertensive – diuretic preparation, provides improved therapeutic action¹ plus enhanced diuretic safety for all degrees of essential hypertension. A combination of Raudixin and Naturetin, Rautrax-N facilitates the management of hypertension when rauwolfia alone proves inadequate, or when prolonged treatment, with or without associated edema, is indicated.

Naturetin, the diuretic of choice, also possesses marked antihypertensive properties, thus complementing the known antihypertensive action of Raudixin. In this way a lower dose of each component controls hypertension effectively with few side effects and a greater margin of safety. 1-16

Other advantages are a balanced electrolyte pattern¹⁻¹⁶ and the maintenance of a favorable urinary sodium-potassium excretion ratio.²⁻¹⁶ Clinical studies¹⁻⁵ have shown that the diuretic component of Rautrax-N — Naturetin — has only a slight effect on serum potassium. The supplemental potassium chloride in Rautrax-N provides additional protection against potassium depletion which may occur during long term therapy.

Rautrax-N may be used alone or with other antihypertensive drugs, such as ganglionic blocking agents, veratrum or hydralazine, when such drugs are needed in occasionally difficult patients.

Supply: Rautrax-N-capsule-shaped tablets providing 50 mg. Raudixin (Squibb Rauwolfia Serpentina Whole Root) and 4 mg. Naturetin (Squibb Benzydroflumethiazide), with 400 mg. potassium chloride. Dosage: Initially — 1 to 4 tablets daily after meals. Mainten nance — 1 or 2 tablets daily after meals, maintenance dosage may range from 1 to 4 tablets daily. For complete instructions & precautions see package insert. Literature available on request.

Squibb Quality - the Priceless Ingredient





The proved, effective antihypertensive — now combined with a safer, better diuretic

RAUTRAX-N'

New!...for appetite control



Helps stop overeating

CURBS APPETITE ... RELIEVES DIET TENSIONS

This new anorectic gives you dextro-amphetamine to curb your patient's appetite. It also gives you Miltown to relieve the tensions of dieting which undermine her will power.

In prescribing Appetrol, you will find that your patient's bad eating habits are considerably improved — and that she will stay on the diet you prescribe.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals. Each tablet contains: 5 mg. dextro-amphetamine sulfate and 400 mg. Miltown (meprobamate, Wallace).

Available: Bottles of 50 pink, scored tablets.

Appetrol DERTRO-AMPHETAMINE + MILTOWN

WALLACE LABORATORIES / New Brunswick, N. J.

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Saskatchewan medical society—or, as it's called, the College of Physicians and Surgeons—had voted unanimously to oppose "the introduction of a compulsory Government-controlled province-wide medical-care plan. We declare our support of the extension of health and sickness benefits through [voluntary] indemnity and service plans."

When, two months later, the Premier exploded his bombshell, the doctors issued a quietly outraged statement. Citing their unanimous opposition to such a scheme, they declared:

The Doctors' Stand

"In view of this opposition to the Government's proposal, it is important that we firmly establish in the minds of the public and Government just why we should take this stand. Let us state at the outset those factors which take *no part* in the reasons for our opposition:

- "1. Our stand is absolutely nonpartisan and nonpolitical.
- "2. It is not prompted by any desire to maintain the status quo for a professional class.

"But this opposition *does* find reasons in our desire to:

- "1. Maintain the individual freedom of both the doctor and his patient.
- "2. Maintain those personal intimacies of the sick person and his doctor without any intervention of Government departments.
- "3. Maintain the highestquality care possible for our patients.

"In short, our justification for this opposition is to be found in what we believe to be important for the health of the people."

P.R. Assessments

The doctors then went to work to raise a war chest—not, they insisted, to wage political battle, but to fight for better public understanding of their position. It was voted to assess each society member \$100; and soon the war drums were throbbing to alert the practitioners to their imminent danger. In an appeal to the membership to send in the assessment promptly, Dr. A. J. M. Davies, president of the society, wrote in part:

"It is not easy to organize

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WHAT'S HAPPENING IN CANADA

900 physicians who are all completely independent and free thinkers. It is our last hope that we should be regimented . . . However, we must have some self-discipline and cooperation ... In England during their trouble some years ago, the initial poll of the doctors by the British Medical Association indicated that only 17 per cent would go along with the National Health Act. What was the Government's action? They shot back at the B.M.A., saying they proposed to go ahead with the 17 per cent who would participate [and that] the first people signing up would be given immediate seniority pension rights.

"However, the clinching blow was the fact that they gave [the doctors] a limited time in which the goodwill of the practices would be purchased [by the Government]. A repolling of the doctors after this approach showed that 47 per cent would sign up. We must not let this happen here. This is the sort of change in medical thinking which caused the trouble in England."

The resultant campaign for

public enlightenment started out quietly-by U.S. standards, at least. Two information offices were opened; two pamphlets were mailed out; it was announced that further information was available to anyone who'll write for it. "Actually," said Dr. Davies, in a rather remarkable statement, "the main function of [the society's publicity committee] will be to try to keep any discussion of a medical-care program out of the press. We are anxious to avoid making this a political issue."

An All-Out Battle

However, a more worldly attitude soon prevailed, and in recent months the publicity committee has fought an all-out battle to get the society's viewpoint before the public. Before the polls open this Wednesday, some 250,000 leaflets will have been mailed, hundreds of doctors will have buttonholed friends and patients, dozens of statements will have been issued via press and radio.

And late in March, Premier Continued on page 241 · Pr

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END BATTERY REPLACEMENTS



ACTUAL SIZE

MEDICAL ECONOMICS · JUNE 6, 1960 235

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Proven

in over five years of clinical use and more than 750 published clinical studies

Effective

for relief of anxiety and tension

Outstandingly Safe

- simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
- no cumulative effects, thus no need for difficult dosage readjustments
- · does not produce ataxia, change in appetite or libido
- does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- · does not impair mental efficiency or normal behavior

for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Generically and under the various brand names by which it is distributed, meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a known drug, evaluated in more than 750 published clinical reports. Its few side effects have been fully reported; there are no surprises in store for either the patient or the physician. It can be relied upon to calm anxiety and tension quickly and predictably.

Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTASS"-400 mg. unmarked, coated tablets.

Miltown

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A PIONEER IN VITAMIN RESEARCH Merck Sharp & Dohme Announces 3 new pediatricy

Each 0.6 cc. supplies the following Minimum Daily REDIPLETE, ADC DROPS Requirements (MDR): Each 0.6 cc. contains: Infants Children Vitamin A 1.5 mg...(5,000 U.S.P. units).....3.3 MDR... ...1.7 MDR (Synthetic) Vitamin D 25 mcg...(1,000 U.S.P. units).....2.5 MDR.....2.5 MDR Vitamin C50 mg.5.0 MDR 2.5 MDR Supplied: 15 cc., 50 cc., both in amber bottles with separate, plastic calibrated dropper (0.3 and 0.6 cc.) Each 0.6 cc. supplies REDIPLETE. the following Minimum Daily **POLYVITAMIN DROPS** Requirements (MDR): Each 0.6 cc. contains: Infants Children Vitamin A 1.5 mg...(5,000 U.S.P. units).....3.3 MDR.....1.7 MDR (Synthetic) Vitamin D 25 mcg...(1,000 U.S.P. units)......2.5 MDR......2.5 MDR Requirement not established)
 Riboflavin (82).
 1 mg.
 2 MDR.
 2 MDR.
 2 MDR.

 Thiamine HCl (81).
 1 mg.
 4 MDR.
 1.5 MDR.
(Minimum Daily Cyanocobalamin (812)....3 mcg. Requirement not established) Nicotinamide..... ... 10 mg. .. .2 MDR.....1.3 MDR Supplied: 15 cc., 50 cc., both in amber bottles with separate, plastic calibrated dropper (0.3 and 0.6 cc.)

REDIPLETE. Each 5 cc. supplies the following PEDIATRIC SYRUP Minimum Daily Requirements (MDR): Each 5 cc. (1 teaspoonful) Infants Children contains: Vitamin A 0.9 mg...(3,000 U.S.P. units)... 2 MDR.1 MDR (Synthetic) .2.5 MDR.....2.5 MDR .5 MDR.....2.5 MDR Pyridoxine HCI (Ba)....3.0 mg. (Minimum Daily Requirement not established) .2.5 MDR......1.7 MDR MDR. 2 to 3 MDR Cyanocobalamin (B12)....5 mcg...(Minimum Daily

Requirement not established)

MDR.....1.3 MDI



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ricvitamin formulations and promote health during the period

to help of greatest metabolic activity



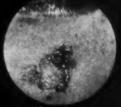
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Tinea Barbae (fungal)



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diagnostic DUZZLERS"

Dermatoses may be similar in appearance, and yet have widely different etiologies. Secondary infection with bacteria and/or fungi may further complicate the diagnosis.

Regardless of the cause . . . allergic, fungal, or bacterial . . begin successful treatment with

CALDECORT

Dermatologic Ointment / nongreasy / nonstaining

Aniallergic and anti-inflammatory—hydrocortisone acetate, 10 mg. (1%) / Antifungal—calcium undecylenate, 30 mg. (3%) / Antibacterial—neomycin sulfate, 5 mg. (0.5%). Directions: Apply to affected areas 2 or 3 times daily, or as directed. Supplied: 7 Gm. and 28 Gm. collapsible tubes.

Maltbie Laboratories Division.



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Douglas and a medical society representative, Dr. E. W. Barootes, locked horns in a TV debate.

Said Mr. Douglas: "Today, no one argues very much about health insurance. The question usually raised is, should it be sponsored by the Government? ... Why don't we simply expand the private and municipal plans? [We don't want to do this because such plans] charge each family \$80 or \$90 per year, whether that family's income is \$2,000 or \$20,000 ... But the Government can set up a plan by which it can collect a premium the average family can afford ...

"Now this amount will not meet all the cost of doctor bills ... [So] doctor bills will be paid out of general revenues collected on the basis of ability to pay . . . We think this is the fair and proper way to finance a medical-care program . . . It is not enough to say that nobody is ever refused medical care because he hasn't any money. I accept that. What I am saying is that the average citizen doesn't want charity."

Replied Dr. Barootes: "Gov-

ernment control must inevitably lead to a lowering of the standard of service to the patient by substituting quantity for quality. Experience in all countries where such medical-care plans have been established shows that the medical practitioner is immediately besieged by a vast number of patients with trivial complaints.

It's Not Cheap

"Today in Saskatchewan, total Government health care expenditure is \$42,000,000 out of a total budget of \$132,000,000. If we add \$30,000,000 as the cost of a provincial medical-care program, total Government health costs would approximate 50 per cent of the entire budget.

"Finally . . . in all countries where similar compulsory plans have been introduced, costs have mounted quickly and drastically to an oppressive level for the tax-payer. [Cost of] the British Health System, originally estimated at £70,000,000, quickly rose to £120,000,000 in 1947, and last year cost close to £800,000,000!

"Our own compulsory Saskat-

WHAT'S HAPPENING IN CANADA

chewan Hospital Service Plan, originally estimated to cost between four and five million, actually cost \$7,000,000 the first year, over \$31,000,000 last year, and will cost \$35,000,000 in 1960. The per capita cost began at \$5 and gradually rose to \$45...

M.D.-Income Not the Issue

"It has been asked if one reason the medical profession is opposed to the Government's plan is that we fear financial loss. Well, if the present amount of \$15,-000,000 annually paid to province doctors were increased by Mr. Douglas to \$30,000,000, it is obvious the doctors would be better off financially* . . .

"In countries with such schemes, no resulting improvement in the general health has followed . . . The tragedy of it all is that the more you pay, the less you get . . . I remind you that in Britain a child has to wait two

years to enter a hospital for a tonsillectomy. An adult with a chronically inflamed appendix or a gallbladder full of stones must wait for as long as three years."

Untended Sick?

Responded Mr. Douglas: "The argument that doctors' offices are going to be so crowded that nobody will get looked after means one of two things. Either [it means] that there are a lot of people sick now who can't go to the doctor but who will the moment we have a plan-and if that's the case, then we're in pretty bad shape and should have had our plan long ago. Or else people are hypochondriacs and psychoneurotics [who will] rush to the doctor the moment they know they don't have to pay for it. Now I don't believe that.

"When we set up the hospitalinsurance plan in the province, everybody told us the hospitals would be overcrowded, people would have their feet sticking out through the window. We knew there would be an increase . . .

Continued on page 246

The \$15,000,000 now paid to Saskatchewan doctors is for their care of already socialized patients: cancer and TB victims, indigents, and the inhabitants of one area whose residents are already under a compulsory medical-care plan operated jointly by the municipal and provincial governments.

NOW... A DRUG THAT LOWERS CHOLESTEROL LEVELS AS MUCH AS 200 mg.% WITH VIRTUALLY NO ANNOYING SIDE EFFECTS ...AND NO DIETARY RESTRICTIONS

New NICALEX reduces blood cholesterol levels as much as 200 mg. % with virtually no flushing, itching or g. i. disturbance in over 80% of patients. ¹⁻⁴ Significant reductions have been obtained in close to 90% of hypercholesteremic patients to date. ¹⁻⁴ Lowered cholesterol levels can be maintained indefinitely with little or no discomfort to most patients. And there is no need to restrict the diet throughout therapy.

A newly discovered salt of nicotinic acid, NICALEX is "... as effective in reducing blood cholesterol as plain nicotinic acid..." But unlike the older therapy, which produces vasomotor and gastrointestinal side effects in the vast majority of patients, NICALEX is

TABLETS aluminum micotinate, Walker, characterized by a markedly reduced incidence of unpleasant reactions,5

NICALEX is so well tolerated because it is hydrolyzed slowly and uniformly in the gastrointestinal tract into aluminum hydroxide, an effective buffering agent, plus active nicotinic acid. Thus, a sustained cholesterol-lowering action can be readily maintained with virtually no unwanted effects.

Dosage: 2 to 4 tablets t.i.d., with or after meals. Each tablet contains aluminum nicotinate (Walker) equivalent to 500 mg. of nicotinic acid.

Supplied: Bottles of 100 and 1000,

References: 1. Tandowsky, R. M.: Persona communication, 2. Parsons, W. B.: In press. 3. Thompson, C. E.: Personal communication 4. Biben, L. H.: Kurstin, W., and Protas, M. Personal communication, S. Hobbs, T. G.: Personal communication, S. H

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THE | REALMS OF THERAPY BEST ATTAINED WITH



ATARAX quite consistently brings release from anxiety and tension without objectionable side effects. In addition, ATARAX has proved pre-eminent in certain therapeutic areas (briefly reviewed to the right)—areas that, to many doctors, are now clearly staked out as "ATARAX territory." Have you explored them all?

WORLD-WIDE RECORD OF EFFEC-TIVENESS – over 200 laboratory and clinical papers from 14 countries

WIDEST LATITUDE OF SAFETY AND FLEXIBILITY—no serious adverse clinical reaction ever documented

CHEMICALLY DISTINCT AMONG TRANQUILIZERS — not a phenothia-zine or a meprobamate

ADDED FRONTIERS OF USEFUL-NESS—antihistaminic; mildly antiarrhythmic; does not stimulate gastric. secretion

Special Advantages

Supportive Clinical Observation

"... Atarax appeared to reduce

anxiety and restlessness, im-

and for additional evidence



prove sleep patterns and make the child more amenable to the development of new patterns of behavior..." Freedman, A. M.: Pediat. Clin. North America unusually safe; palatable syrup, 10 mg. tablet 5:573 (Aug.) 1958.

Bayart, J.: Acta paediat. belg. 10:164, 1956. Ayd, F. J., Jr.: California Med. 87:75 (Aug.) 1957. Nathan, L. A., and Andel-man, M. B.: Illinois M. J. 112:171 (Oct.) 1957.



well tolerated by debilitated patients

. seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic conditions occurring in old age." Smigel, J. O., et al.: J. Am. Geriatrics Soc. 7:61 (Jan.) 1959.

Settel, E.: Am. Pract. & Digest Treat. 8:1584 Oct.) 1957. Negri, F.: Minerva med. 48:607 (Feb. 21) 1957. Shalo-witz, M.: Geriatrics 11: 312 (July) 1956.



useful adjunctive therapy for asthma and dermatosis; particularly effective in urticaria

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"All [asthmatic] patients reported greater calmness and were able to rest and sleep better...and led a more normal life.... In chronic and acute urticaria, however, hydroxyzine was effective as the sole medicament." Santos, I. M., and Unger, L.: Presented at 14th Annual Congress, American College of Allergists, Atlantic City, New Jer-sey, April 23-25, 1958.

Eisenberg, B. C.: J.A.M.A. 169:14 (Jan. 3) 1959. Coirault, R., et al.: Presse méd. 64:2239 (Dec. 26) 1956. Robinson, H. M., Jr., et al.: South. M. J. 50:1282 (Oct.) 1957.



does not impair mental

.. especially well-suited for ambulatory neurotics who must work, drive a car, or operate machinery." Ayd, F. J., Jr.: New York J. Med. 57:1742 (May 15) 1957.

Garber, R. C., Jr.: J. Florida M. A. 45:549 (Nov.) 1958. Menger, H. C.: New York J. Med. 58: 1684 (May 15) 1958. Farah, L.: Internat. Rec. Med. 169:379 (June) 1956.

SUPPLIED: Tablets, 10 mg., 25 mg., 100 mg.; bottles of 100. Syrup (10 mg. per tsp.), pint bottles. Parenteral Solution, 25 mg./cc. in 10 cc. multiple-dose vials; 50 mg./cc. in 2 cc. ampules.

New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being

WHAT'S HAPPENING IN CANADA

but by putting up more hospitals we have been able to cope with the situation. We may have to do the same thing with doctors. If more people need care, we will have to train more doctors..."

Overutilization Issue

Replied Dr. Barootes: "I quote from a confidential document from a planning committee of the Government on this matter of patients' abuse of such programs: 'Experience has shown that the present [compulsory tax] for hospitalization does not seem to implicate a feeling of responsibility in the person who pays for it, but rather gives [him] the feeling that the [tax] must be justified by utilization of the service.'"

Answered Premier Douglas: "Oh, we get hundreds of reports from civil servants and people who are studying this question. This doesn't mean that every such report we get, any more than reports we get from the doctors, are always accepted as infallible . . . As for overutilization of our hospital plan, we've now

got twice as many hospital beds, and 96 per cent of our people now go to the hospital instead of being sick at home, because there is no financial barrier. Is this a bad thing? And if there are people going to the hospital who don't need to, this is a reflection on the medical profession, because no person can go to the hospital in Saskatchewan except on a doctor's medical certificate."

So went the debate on TV. And many individual doctors have spoken up in the press. Some examples of recent statements that have been widely quoted in the newspapers:

Comments in the Press

¶ From a Saskatoon surgeon, Dr. Malcolm MacDonald: The Government plan is "an ominous sign... Is the Government going to stop with medicine, or is it going to enter the private lives of the citizens in other ways as well?"

¶ From a physician who likes the health scheme—Dr. Alexander Robertson, who heads the University of Saskatchewan's Department of Social and Preven-



It's easy to "stick to" a diet when dishes in it look as good as this!

The secret of a successful "regularity" diet is acceptance

Bulky foods—attractively served—make the "regularity" diet acceptable to patients. Fruits are high in cellulose and appetite appeal served chilled in a compote dish. Vegetables look inviting garnished with dill, parsley or other herbs. Oranges, apples, beets, carrots—all provide pectin which

absorbs more fluid to form especially smooth bulk.

Apples go well with dates. Raisins or cranberries make a tasty treat in oatmeal muffins which offer cellulose plus Vitamin B Complex. About 8 to 10 glasses of liquid a day is important to make the cellulose bulky.



a glass of beer can add zest to a patient's diet. 8 oz. glass supplies about 1/a min. Niacin requirement, and smaller amounts of other B Complex Vitamins. (Average of American Beers)



United States Brewers Foundation

If you'd like reprints of this and 11 other different diet menus for your patients, write United States Brewers Foundation, 535 Fifth Avenue, N. Y. 17, N. Y.

MEDICAL ECONOMICS - JUNE 6, 1960 247

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WHAT'S HAPPENING IN CANADA

tive Medicine: A result of private medicine is that certain persons must suffer the "indignity of having to seek care as a beggar would."

¶ From Dr. G. W. Peacock, registrar of the College of Physicians and Surgeons: "Talk of state medicine is affecting the strength of the medical profession. The number of doctors applying for licenses to practice in the province has declined [from what it was] last year."

This last point appears to be a particularly worrisome one for

Saskatchewan's medical men. Dr. J. D. Leishman of Regina, capital of the province, has told MEDICAL ECONOMICS something about the problem. Dr. Leishman was an original member of the medical society's three-man committee set up to study the Government proposal. He recently resigned to run for the Legislative Assembly. Says he:

"In our town alone, half a dozen men who were *going* to come here have written to say that they've decided not to practice

Continued on page 252



WHITE'S VITAMIN A & D DINTMENT HEALS SOOTHES PROTECTS



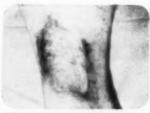
Typical diaper rash



White's Vitamin A & D Ointment applied at every diaper change for one



Treatment-resistant varicose ulcer



White's Vitamin A & D Ointment applied daily for five weeks.



Gasoline burns—second and third degree



White's Vitamin A & D Ointment-impregnated pressure gauze dressings changed at weekly intervals.

White's Vitamin A & D Ointment in 1½ and 4 oz. tubes; 1 lb. jars and 5 lb. containers

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MEDICAL ECONOMICS · JUNE 6, 1960 249

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Why Clinical Judgment Often Dictates Altafur for Peroral, Systemic Therapy of Pyodermas

Gratifying Therapeutic Response

ALTAFUR was found "highly satisfactory in most of the primary and secondary bacterial dermatoses treated to date," including "pyodermas... caused by antibiotic resistant strains of staphylococci." In a nationwide survey² there were 94% satisfactory results (cured or improved) among 159 patients treated with ALTAFUR for pyodermas.

Virtually Uniform in vitro Susceptibility of Staphylococcus aureus 99.5% of isolates (214 of 215) from patients with staphylococcal infections—including many antibiotic-resistant strains—proved sensitive in vitro to Altafur in tests conducted across the nation. 399.7% of staphylococcal isolates (334 of 335) at a large general hospital—including many antibiotic-resistant strains—proved sensitive in vitro to Altafur.

Wide, Stable Antimicrobial Spectrum

"Because of its relationship to previously developed nitrofurans, it is anticipated that [ALTAFUR] will retain its original spectrum after longstanding clinical usage." Development of significant bacterial resistance to ALTAFUR has not been encountered to date. 6

Minimal Side Effects

Side effects are easily avoided or minimized by these simple precautions:

1) alcohol should not be ingested in any form, medicinal or beverage, during Altafur therapy and for one week thereafter 2) each dose should be taken with or just after meals, and with food or milk at bedtime (to reduce the likelihood of occasional nausea and emesis).

1. Weiner, A. L.: Paper presented at the Conference on Recent Advances in the Treatment of Chronic Dermatoses, University of Cincinnati (Ohio), Nov. 5, 1959. 2. Compiled by the Medical Department, Eaton Laboratories, from case histories received. 3. Christenson, P. J., and Tracy, C. H.: Current Therapeutic Research 2:22, 1960. 4. Glas, W. W., and Britt, E. M.: Proceedings of the Detroit Symposium on Antibacterial Therapy, Michigan and Wayne County Academies of General Practice, Detroit, Sept. 1, 1959, p. 14. 5. Leming, B. H., Jr.: Ibid., p. 22. 6. Investigators' reports to the Medical. Department, Eaton Laboratories.

Tablets of 250 mg. (adult) and 50 mg. (pediatric) bottles of 20 and 100

Altafur

NITROFURANS... a unique class of antimicrobials EATON LABORATORIES, NORWICH, NEW YORK

Bichard E Smith Furunculosis, severe 51.14034 WINDLE B. EINPERS NO. ed in 2367 35 35 SOU FIND IN BUILDING NAME Richard E Smith age 32 d be ADDRESS 121 North Main St DATE 3/25/60 and o re-250 mg. Tab. Altafur Disp. no. XX Sig: 1 tab gid & food or milk

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in Regina, because of the threat of Government medicine. Incidentally, because of an exchange arrangement with England, about a third of Saskatchewan's doctors are graduates of British and European medical schools. And it's they who are the most vocal opponents of the Douglas plan. Many of them left England mainly because of state medicine. They're most anxious not to have leaped from the frying pan into the fire."

What about the rest of Canada? Aren't doctors in other provinces concerned about what's happening in one great section of their country?

"Well," says Dr. Leishman, "the Canadian Medical Association has offered some help to us. The association has lent us a public relations man and an economist for our publicity committee. Recently, it issued a statement of sorts opposing the Government plan. Doctors elsewhere in Canada are certainly interested—let's put it that way—but they're also most anxious to stay out of politics. Once the election is over, the C.M.A. will doubtless

become more anxious to help."

But many Saskatchewan physicians maintain that their colleagues in the rest of the country have been insufficiently aroused to the menace. Warns the provincial medical society's Dr. Peacock: "We believe that the future of Canadian medicine for the next several years may very well be decided right here and now."

And what about the impact of all this on U.S. medicine?

Are We Next?

Our current preoccupation with the health needs of the aged is a straw in the wind: If such needs are eventually met through compulsory taxation under the Social Security program, most physicians fear we'll have taken a giant step toward socialized medicine. Whatever happens north of the border may provide effective ammunition for the advocates-or the opponents-of state control. America's doctors will do well to keep a close watch on the developing situation in Saskatchewan. The outcome of this Wednesday's election may strongly influence their lives. END

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PROZINE has demonstrated particular effectiveness in the patient with moderate to moderately severe emotional problems, especially • anxiety expressed as somatic disorders • moderate to severe psychoneuroses • mild psychotic states

PROZINE encourages patient cooperation and rehabilitation. Dual action and low dosages minimize side-effects. Of 203 outpatients studied by Knox, marked reduction in anxiety and agitation occurred in 85%, moderate reduction in 14%.

 Knox, S.C.: The nervous system never rests, Scientific Exhibit. A.P.A., Philadelphia (April 27-30) 1959.

For further information on prescribing and administering PROZINE see descriptive literature, available on request. Wyeth Laboratories Philadelphia 1, Pa.

PROZINE Meprobamate and promagine hydrochleride, Wyeth



A Century of Service to Medicine "Constipation often occurs during pregnancy, but it is easily corrected. Just take two Caroid and Bile Salts Tablets before retiring whenever you need a laxative. They act gently without cramping or griping."



Caroid & Bile Salts Tablets

The combined action of the principal ingredients in Caroid and Bile Salts Tablets provides 3-way, physiologic relief of constipation. Caroid® — potent proteolytic enzyme for improved protein digestion. Bile salts — choleretic for treatment of biliary stasis; hydrotropic for soft, well-formed stools.

Stimulaxant — to improve smooth muscle tone, restore regularity.

Dosage: 1 or 2 Caroid and Bile Salts Tablets should be taken with at least 1 glass of water about 2 hours after breakfast and at bedtime.

Samples on Request.

American Ferment Co., Inc., 1450 Broadway, New York 18, N. Y.

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MEDICAL ECONOMICS Book Feature

In this department, MEDICAL ECONOMICS presents book condensations of a type never available before. Only books of a thought-provoking, nonmedical kind are condensed. But the condensing is directed by editorially experienced physicians. Readers thus get a medical man's view of the best in nonmedical contemporary thought. Among the hard-hitting best sellers that informed people are reading and talking about this month is Thomas Griffith's "The Waist-High Culture." A selection from this book starts on the next page. The editors take pleasure in bringing it to you as another of the MEDICAL ECONOMICS Book Features.

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the American Way?

Condensed from the best-selling book "The Waist-High Culture" By Thomas Griffith

We Americans may complain about our country, but we rarely abandon it. Give up American citizenship? The idea is unthinkable, and the man who suggests it must be out of his mind. We are the richest nation in the world, the richest in all history. Let us acknowledge our

great merits. But while we should be fully satisfied, we find that we are not—and are puzzled.

In each succeeding generation of American history, certain questions have been asked with increasing urgency: Though we gain in the ability to gratify our material wishes, are we declining as a culture? And: Is there something in democracy

⁶Copyright © 1959 by Thomas Griffith. Used by permission of Harper & Brothers, Publishers.



Wanted: An American Flite

The strength of America is being sapped by "our sentimental confusion of equality with democracy." That's the conclusion of Thomas Griffith, assistant managing editor of Time magazine, after travel around the world gave him a new perspective on the U.S. He sees us bowing too low to the "average American." He sees American culture, business, government, even science, being weakened as a result. Unless an elite of superior taste and superior intelligence steps forward and asserts its values, he says, the American way is bound to become strictly second-rate. Mr. Griffith describes himself as a "round-faced American

with a rounding stomach (adding a new ring each year, as a tree does)." But there's no flabbiness in his attack on American muddling in "The Waist-High Culture," some of the most significant parts of which appear here. The book is a candid camera shot of Main Street in which we all recognize ourselves—looking a bit less than our best.

that is inherently hostile to the first-rate?

These are not questions that I can answer as an outsider. What is wrong in America, I am part of; through me (as through you) travel the currents of our culture. The battlefield is not off somewhere else, and the enemy is not something anonymous and massive. The terrain of struggle is my own mind-and yours.

Just as a city sky at night gives off a luminosity that is the merged glow of the city's many lights, so does a culture give off a halation. That halation, a visual effect that can sometimes be misleading, might be called its More image.

"Eating better?
They've got jumbo appetites!"



'Troph-Iron' not only gives a healthy boost to appetite, but also promotes growth and corrects nutritional iron deficiency in children who are underpar.

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IS MEDIOCRITY THE AMERICAN WAY?

What is the American Image? It is first of all an image of immense energy. A rich and prodigious giant, we seem impulsively improvident to those peoples whose barren hillsides yield a hard living. We are freed by our wealth from that pinched, selfish, and guarded outlook so prevalent in Europe.

The foundation of our generosity is our belief that "there's more where that came from." The way to great wealth in America is not to be a Tiffany to the few but a Henry Ford to the many. We no longer believe in squeezing nickels, but in rotating dollars.

The American lives in waste and accepts the principle of the discard pile. We can chance; if we fail, it was "worth trying"; we have a margin.

A vital working confidence is the essential American trait, but its sunny outlook has become clouded over of late. Our trouble is that we have begun to doubt our ends. As a nation, we have worked hard-for we are not a lazy people-for goals that are nearly in sight.

Easy Street now stretches from coast to coast, even if it has its rough spots. The President's Council of Economic Advisers talks of a "diffusion of well-being." This may be another way of saying that our goal has become a life of amiable sloth.

Once we chased happiness. Now our national ambition seems diminished to life, liberty, and the pursuit of ease.

No More Misers

Few Americans are marked any longer by the relentless quest for money. We want to get a little and then take it easy; the more ambitious want to get a little more and then take it easy.

We no longer think of our life span as a steady, desperate accretion of money. We think of it more as an arc, tapering dowr after a certain point into easy retirement.

No longer compelled to struggle for necessities, we find ourselves on a rising plateau of demands. Parents find themselves saying that they need all of this -this neighborhood, this carto start their children's school

Each of the babies pictured on this page was borne by a mother with a documented previous history of true habitual abortion, who was treated with DELALUTIN during the pregnancy leading to this birth

LIVING PROOF OF FETAL SALVAGE WITH

SOUIBB HYDROXYPROGESTERONE CAPROATE

Improved Progestational Therapy



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DELALUTIN offers these advantages over other progestational agents

· long-acting sustained therapy · more effective in producing and maintaining a completely matured secretory endometrium . no androgenic effect . more concentrated solution requiring injection of less vehicle · unusually welltolerated, even in large doses • fewer injections required • low viscosity makes administration easy

Complete information on administration and dosage is supplied in the package insert Supply: Vials of 2 and 10 cc., each containing 125 mg. of hydroxyprogesterone caproate in benzyl benzoate and sesame oil.

SQUIBB



Squibb Quality - The Priceless Ingredient

"DELALUTIN" IS A SQUIBS TRADEHARK

MEDICAL ECONOMICS - JUNE 6, 1960 261

IS MEDIOCRITY THE AMERICAN WAY?

and college career off properly. The tendency now is to provide our children with as carefree a childhood as possible, free of the frustrations we knew.

But will this produce a generation of strength and character? Or is our disbelieving and leisure-happy generation failing to transmit the qualities of duty and responsibility, so that many of our children are suffering from an insufficient absorption of good things?

We are in danger of becoming a vibrating and mediocre people. Who can say of us that goodness and generosity inevitably triumph? That talent prevails and honesty pays? Who would say that quality in any phase of our culture is outracing the spreading debasement? Have we sold our souls for a mess of pottage that goes snap, crackle, and pop?

Beware Side Effects

I think our difficulty lies not in our goals but in their unreckoned side effects. Once this is understood—once it is seen that our bad is often a concomitant of what we consider good—then we may be freed of the notion that all our ills are the faults of *others* among us.

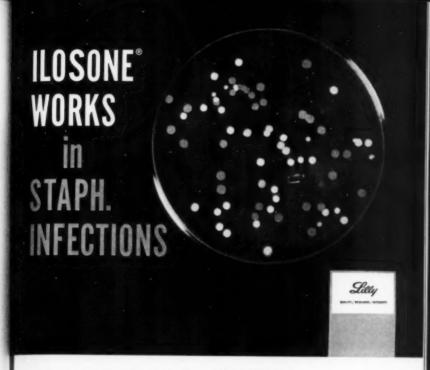
Too often the American discontent, the kind that gets expressed in self-righteous and querulous Letters to the Editor ("What's become of America?" "If we want to catch up with the Russians, we should think less about baseball and more about science," etc.), assumes that others must start or stop doing something. It does not scrutinize what is amiss in us all.

Why is it that we as a people tolerate what we at the same time lament? I think the double aspect of our objectives explains some of our most respected lunacies.

Take our appearance, for example: what we have made of our cities and done to our countryside.

We may deplore our jerrybuilt look, the wastage of building up and tearing down, the lack of standards. But at the same time, we prize variety and newness, and we do not believe in dictatorships of taste. Therefore we must put up with Taj Mahal

Il



"In our hands it has been particularly helpful in the treatment of staphylococcic disease." ¹

In difficult staph, infections, a decisive response may be obtained with

llosone in a high percentage of cases.

In a study¹ of 105 patients, sixty-four of whom had Staphylococcus aureus infections, good results were obtained with Ilosone in 94 percent. Ten subjects had previously failed to respond to other forms of chemotherapy. The authors concluded that Ilosone ". . . is useful in treatment of a number of common infections and has been effective in treatment of a number of less common and more serious infections. . . In our hands it has been particularly helpful in the treatment of staphylococcic disease."

Ilosone is available in **Pulvules***, 125 mg. and 250 mg.; Lauryl Sulfate **125 Suspension**, 125 mg. (base equiv.) per 5-cc. tsp.; and Lauryl Sulfate **Drops**, 5 mg. (base equiv.) per drop. Usual dosage for adults and children over fifty pounds is 250 mg. every six hours.

 Smith, I. M., and Soderstrom, W. H.: J. A. M. A., 170:184 (May 9), 1959.

llosone® (propionyl erythromycin ester, Lilly)

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orange-juice stands and roadside joints named the Leaning Tower of Pizza.

Take another example: our dislike of controls. We have decreed ineffectuality in government, preferring that it be inadequate rather than overbearing.

Big, Bad Government

Government is usually pictured as big and bad, running all our lives. We regard bureaucracy as the survival of the unfittest. Among public servants, we give a careful respect only to judges and tax collectors.

We ask government to regulate our society, not to organize it; we ask it to provide for the common defense and common sewerage and any other odd jobs that are too big or too uncongenial to make a profit from. We do not want it initiating too much.

We ask that it be weak, yet capable of making an equilibrium in the country, through such levers as impetus spending, tax rates, and the money power. We have contrived a government strong of limb but weak of will. The greatest flaw in our system of government, therefore, is no longer the temptation it offers the strong man, but the latitude it allows the weak man to do less than is necessary.

Will history's verdict on Eisenhower be that he was a good man but a weak President? If so, something has to be said about the processes that brought to power a man so popular, but with such indeterminate political views that he was actively sought as a candidate by both parties.

'Second-Rate'-Why?

I do not think either party has a monopoly on knavery or virtue, but I cannot share the moral satisfaction of many who style themselves "independents" and consider themselves above the chicanery and vulgar striving of party. They are generally people who refuse to involve themselves—and then feel cheated by the inferior choices others have put before them.

If politics is so often the arena of the hardy second-rate, it is because the field has been left to them. If a public feels contempt 0

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New flexible, predictable therapy in essential hypertension



EFFECTIVELY LOWERS BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE

OSTENSIN produces prompt and prolonged sympathetic blockade.

ALSO FOR FLEXIBLE ADJUNCTIVE USE

Use with oral chlorothiazide and its derivatives allows reduction in dosage.

FEWER, MILDER BY-EFFECTS

By-effects common to ganglionic blocking agents occur less frequently and are less pronounced.

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Keystone in a New Antihypertensive Regimen

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OSTENSIN is the registered trademark for Trimethidinium Methosulfate, Wyeth

Supplied: Tablets, scored 20 and 40 mg., vials of 100.

For further information on prescribing and administering OSTENSIN see descriptive literature, available on request.



A Century of Service To Medicine

MEDICAL ECONOMICS - JUNE 6, 1960 265

IS MEDIOCRITY THE AMERICAN WAY?

for politicians, I think it has only itself to blame; it may not want crooks in office but does not trouble to discriminate.

Politics in a Fog

In good times, there is no dramatic division of society, with one side wishing and the other resisting change. So the two parties must woo the same audience, an audience that is widest in the middle. They must therefore make roughly the same appeal, although one makes it in Lincoln's name and the other in Jefferson's.

I remember once trying to explain to Nye Bevan at lunch in London the difference between Adlai Stevenson and Dwight Eisenhower. That foxy politician merely observed, "When candidates matter, elections don't."

In such blurred times, our two political parties sound like two great ocean liners in a fog, unsure where they are but blatting their horns and pushing forward, knowing nothing else to do. A Republican will proclaim his undying opposition to "government give-aways" but will find himself

unabashedly supporting agricultural subsidies; a Democrat may proclaim his desire to soak the rich, but will then cooperate in the preparation of an equitably distributed income tax and seek campaign contributions from businessmen.

Phantom Differences

Is there then nothing that really divides the two great political parties? Many people are sure that something does. Anyone who attends the conventions of both political parties recognizes immediately their differing atmospheres.

Republican delegates are apt to be respectable and guarded; most of them do not seem to be politicians but to be businessmen or housewives with a militant interest in politics.

The Democrats, on the other hand, seem to have an exuberant delight in politicking and an indulgent tolerance for the gaudy scene. Democratic delegates—except for a few labor-union militants—are usually courthouse politicians enjoying the show.

Continued on page 270

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For topical infections, choose a 'B. W. & Co." 'SPORIN' . . .

'CORTISPORIN'

brand OINTMENT

Combines the anti-inflammatory effect of hydrocortisone with the comprehensive bactericidal action of the antibiotics.

Each gram contains:

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'Aerosporin'® brand

Polymyxin B Sulfate 5,000 Units

Neomycin Sulfate

.....(1%) 10 mg.

Hydrocortisone in a special petrolatum base.

Provides comprehensive bactericidal action effective against virtually all bacteria likely to be

found topically.

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Each gram contains: Aerosporin brand

Polymyxin B Sulfate 5,000 Units

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400 Units

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'POLYSPORI

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Offers combined antibiotic action for treating conditions due to susceptible organisms amenable to local medication.

Each gram contains: 'Aerosporin' brand

Polymyxin B Sulfate10,000 Units

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500 Units



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MEDICAL ECONOMICS · JUNE 6, 1960 267

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established that approximately 3/4 of total cholesterol is produced within the body: thus the therapeutic approach should focus on control of cholesterol biosynthesis.

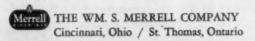
Introducing

MER/29

... the first safe agent to inhibit body-produced cholesterol

... the first to lower excess cholesterol levels in both tissue and serum, irrespective of diet

Dosage: One 250 mg. capsule daily, before breakfast.



Trademark: 'MER/2'

XUM

MER/29 1-41 is not a cholesterol-lowering agent by the usual definition. Usual measures for lowering cholesterol only modify its intake or accelerate its metabolism. Since dietary cholesterol is the minor source of total body cholesterol, results with previous agents have been limited.

MER/29, however, *inhibits* cholesterol *biosynthesis* in the liver and other tissues.¹⁻⁴ This activity is partial and takes place at a late stage in the synthesis cycle. Sufficient cholesterol remains to fulfill its role as precursor of other necessary biosynthesized substances.

Thus MER/29 is an inhibitor of excess cholesterol production; and reduced cholesterol levels in both serum³⁻⁶ and tissues^{2.4,7} is the net result of this activity. Studies of Hollander and Chobanian,³ and those of Oaks et al.,⁶ found cholesterol levels were lowered irrespective of diet.

In clinical studies³⁻⁶ MER/29 reduced cholesterol, on the average, 48 mg.%, and reduction ranged from 20 to 110 mg.%. Maximum reduction was reached in 5 to 8 weeks.

A report on MER/29 therapy for patients with hypercholesterolemia and its probable associated conditions:

- coronary artery disease (angina pectoris, postmyocardial infarction)
- generalized atherosclerosis

In some instances,³⁻⁶ MER/29 increased exercise tolerance in patients with angina pectoris. Frequency and severity of anginal attacks were reduced, as was nitroglycerine dependence. Abnormal ECG's did not occur in these patients at the previous levels of exercise. Many of them reported improved sense of good health and well-being. Explanation of these clinical benefits is not yet known. Nevertheless, they prompt mounting interest in MER/29 as an important new agent.

It is equally important that MER/29 has been well tolerated and relatively free of toxic effects. Clinical liver damage has not been encountered; however, since the principal site of action of MER/29 is in the liver, periodic hepatic function tests may be desirable until more long-term safety data are available.

Available: Bottles of 30 pearl gray capsules.

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l. MacKenzie, R. D., and Blohm, T. R.: Fed. Proc. 18:417, 1959. 2. Blohm, T. R.; Kariya, T., and Laughlin, M. W.: Arch. Biochem. 65:245, 1959. 3. Hollander, W., and Chobanian, A. V.: Boston M. Quart. 10:37, 1959. 4. Kountz, W. B.: Proceedings, Conference on MER/29, Progr. Cardiovasc. Dis. 2: (Suppl.), 541 (May) 1960. 5. Oaks, W., and Lisan, P.: Fed. Proc. 18:428, 1959. 6. Oaks, W.; Lisan, P., and Moyer, J. H.: Arch. Int. Med. 104:527, 1959. 7. Blohm, T. R.; Kariya, T.; Laughlin, M. W., and Palopoli, F. P.: Fed. Proc. 18:369, 1959. 8-41. Additional infirences available on request.

For detailed professional information, write The Wm. S. Merrell Company, Cincinnati 15, Obio

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IS MEDIOCRITY THE AMERICAN WAY?

From this it is easy to conclude that the Republicans are the party of the respectable, of the "people on the hill," and that the Democrats are the party of the masses. But if this were completely true, there would be no need of elections: The Republicans would be outnumbered and never win.

The Real Difference

In the end, I think, the true difference between the parties lies in the kind of voter (not candidate) that each attracts. What then is the quality a voter finds reflected in the party he chooses? I would name it to be, in a Republican voter, prudence; and in a Democrat, liberality.

The Democrat's liberality has made him more adventuresome abroad and more openhanded at home. The Republican's prudence is founded more on a sense of individual obligation and of individual advantage. One party sees the unequal state of society as, by and large, the natural result of the individual's unequal merit and unequal effort; the other thinks it the duty of politics to

redress an inequity of economics.

When these attitudes are transmitted into programs, they result in a Republican foreign policy that is apt to demand recognizable and immediate results for its aid, in the shape of alliances, pledges, or favored position, and to be insensitive to the feelings of other nations.

As for the Democrats, their generosity, particularly in domestic matters, too easily becomes indulgence. Their sentimental favoring of minorities (racial groups, unions) often takes the form of alliance with the cynical and tough leaders who speak in the minority's name but not in its true interest.

Myth of Equality

Our preoccupation with equality is what produces much of the cant and demagogy of public life. Democracy has its own justifications and should not take on the impossible burden of defending equality as well.

That all men were created equal is one of the great fictions of all times. All men are *not* created equal. Nor as they become

The taste says, Yes!

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BICILLIN® ORAL SUSPENSION

Benzathine Penicillin G, Wyeth (Dibenzylethylenediamine Dipenicillin G)

STABLE! READY TO USE!

A Superior Oral Penicillin for Children

SUPPLIED: Cherry flavor—300,000 units per 5-cc. teaspoonful, bottles of 2 fl. oz.

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IS MEDIOCRITY THE AMERICAN WAY?

adults are they equally intelligent, equally caring, equally informed.

We assume equal democratic weight to the responsible and irresponsible. We presume that if a man be only literate, he is informed.

Democratic apologists hate to acknowledge that in matters of serious moment many people not only don't know but don't even want to know. It is the democratic pretense that if only journalism were better, or education better, this would not be the case. It is a sentimental and unproven assumption.

The sum total of the undiscriminating democratic method—adding together, at equal value, the votes of those with some idea of issues and those with none at all—can hardly be regarded as a scientific exercise in political wisdom. But it is a justified makeshift, because each person is "well informed" about his own condition and is the best judge of whether he thinks his wants are being met by those elected to serve him.

In foreign affairs, where the

uninformed can have no awareness of disturbance until it is already upon them, the democratic process is a less sure guide. It is a dangerously inadequate guide.

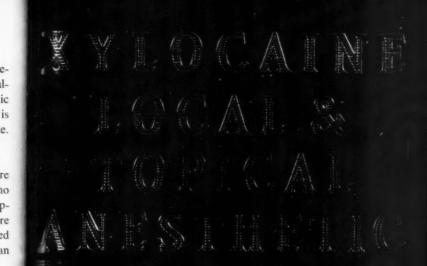
The Tyrant Majority

We are saved, when we are saved, by those politicians who understand the principle of representative government and are prepared to act with measured audacity. The artful politician acts as if he had prior consent.

Something like this taking of responsibility, subject to later concurrence, was the original Constitutional intention of representative government. Checks and balances and the placing of certain powers beyond the reach of transient majorities were devices meant to limit the absolutism of the popular will. Rights carried obligations.

That the people can do no wrong is not the message of democracy, but a monumental perversion of the doctrine that government shall be with their consent. There is often no worse tyrant than a majority.

Continued on page 276



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Sufficient Xylocaine® HCl Solution applied topically will permit cleaning and suturing of wounds with patient comfort in an emergency or in the office. Fast acting — Safe — Dependable.

Dursitis: Xylocaine HCl Solution injected into the painful area will diffuse around the bursae relieving pain promptly — often restoring normal freedom of motion. Prolonged anesthesia often prevents recurring pain.

therapeutic block: Xylocaine HCl Solution interrupts the underlying mechanism of pain, with relief often persisting even after the block has disappeared. It is of value in assisting motion or manipulation; for severe, intractable pain conditions; and in allowing patient comfort for other procedures.

Thirds Surgery: Xylocaine HCl Solution will diffuse over a wide operative field, permitting pain-free removal of warts, cysts, moles, etc., and giving safe, effective, and predictable anesthesis for patient comfort.

Supplied: Multiple dose vials, 20 cc. and 50 cc.; 0.5%, 1% and 2% without and with epinephrine 1:100,000. Ampules, 2 cc.; 2% without and with epinephrine 1:100,000.

U.S. PAT. HO. 2,441,498

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From Carnation...

a ready-prepared evaporated milk formula

Carnalac is simply Carnation Evaporated Milk with its added Vitamin D, plus carbohydrate. The carbohydrate is natural lactose from the milk, and added maltose-dextrin syrup. Mother just adds water in the amount you recommend.

CARNATION EVAPORATED MILK IS THE WORLD'S LEADER FOR INFANT FORMULA FEEDING



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the physician's forte

Whatever the measure of your patients' pain (and fear of pain), Phenaphen's four formulations provide a virtually complete "analgesic armamentarium" for dependable relief. Synergistic enhancement gives each dosage strength its own maximal effectiveness and tolerance — often sparing recourse to morphine. Adjustable dosage (1 or 2 capsules as needed) helps control fluctuating intensity.

PHENAPHEN® CODE



for maximum safe analgesia

(1/4, 1/2, 1 gr.)

A. H. ROBINS CO., INC., Richmond 20, Virginia

Making today's medicines with integrity . . . seeking tomorrow's with persistence

In each capsule of

PHENAPHEN

Acetylsalicylic acid (2½ gr.)	162.0 mg.
	194.0 mg.
Phenobarbital (1/4 gr.)	16.2 mg.
Hyoscyamine sulfate	0.031 mg.

In each capsule of

PHENAPHEN NO. 2

Phenaphen with Codeine Phosphate 1/4 gr.

In each capsule of

PHENAPHEN NO. 3

Phenaphen with Codeine Phosphate 1/2 gr.

In each capsule of

PHENAPHEN NO. 4

Phenaphen with Codeine Phosphate 1 gr.

Of all the wastes in American society, not the cutting down of forests, but the stunting of intellectual growth is our most costly squandering of resources. The democratic heresy is to value slag more than coke, simply because slag is more plentiful.

The effect of equality in our political life is, if not always admitted, well understood. In our economic life, too, it exerts a powerful influence.

The world of business, like the politicians, must flatter the public. Businesses, like government employes, affect to be "servants" of the public. While we may be grateful that some do instruct their employes in manners, their hypocritical profession of desiring only to please *you* can sometimes be almost beyond bearing.

A Phony Courtship

When we are assured constantly that something is being done "for your greater convenience," the expressed regret for public dislocation usually excuses doing too little about it.

The American restaurant hostess, that paid dispenser of wholesale charm and substitute hospitality, is another exemplar of this substitution of word for deed. When, after one has eaten an undistinguished assembly-line meal carelessly served, and is then greeted solicitously by the hostess with "I hope you enjoyed your dinner," though she obviously doesn't care at all, the grouch in us all wants to shout "No!"

Beneath the surface mannerisms of this public courtship lies the truth that American business is in fact a captive of public demand. By the free enterprise system, Henry R. Luce has said, "We mean a system where the consumer, who is Everyman, is able to register what he wants and we businessmen and entrepreneurs are forced in seeking our own gain to serve the public will."

The result is a business system that has produced a material plenty unparalleled in history and has diffused its blessings widely. But in making of the consumer an Everyman, business finds itself under the spell of a force as powerful as gravity, a

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90% of anxious, agitated and apathetic office patients calmed without drowsiness and with normal drive restored...

on one or two 0.25 mg. tablets b.i.d.:

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- In 1164 patients with anxiety and anxiety-induced fatigue or depression, PERMITIL, administered in small daily doses of 0.5 mg. to 1 mg., produced significant improvement in 90%.
- PERMITIL is virtually free from side effects at recommended dosage levels.
- Patients become calm without being drowsy and normal drive is restored.
- Onset of action is rapid; effect is prolonged. PERMITIL does not potentiate barbiturates or non-barbiturate sedatives and can be used with impunity with such agents.

How to Prescribe PERMITIL: The lowest dose of PERMITIL that will produce the desired clinical effect should be used. The recommended dose for most adults is one 0.25 mg, tablet twice a day (taken morning and afternoon). Increase to two 0.25 mg. tablets twice a day if required. Total daily dosage in excess of 1 mg. should be employed only in patients with relatively severe symptoms which are uncontrolled at lower dosage. In such patients, the total daily dose may be increased to a maximum of 2 mg., given in divided amounts. Complete information concerning the use of PERMITIL is available on request.

Supplied: Tablets, 0.25 mg., bottles of 50 and 500.

*Recent compilation of case reports received by the Medical Department, White Laboratories, Inc.

WHITE LABORATORIES, INC., Kenilworth, New Jersey

force which might be called the pull of the profitable middle. It creates an irresistible impulse to uniformity of product.

Under the pull of the profitable middle, an American restaurant owner who sets out in the beginning to please everybody soon learns to reduce his menu to include only the four or five most requested entrees and the three or four most accepted vegetables.

The pursuit of the profitable middle goes far beyond store counters and cafes; it is the measure of all economic life in the United States.

It determines the content of our magazines and newspapers. It accounts for the sameness of our television programing. If quiz shows, variety programs, or Westerns are the most popular, all effort will be bunched there.

The point is not that there is a big "slob" audience, but that there is a scaled gradation of knowledge, taste, and interest in the United States of many degrees of depth and range, which

Continued on page 282

FEOSOL®-AND 'FEOSOL' ALONE

is all that's needed to correct simple

IRON-DEFICIENCY ANEMIA

The first names in hematology say that ferrous sulfate is the last word in iron therapy. 'Feosol', of course, is the superior presentation of ferrous sulfate.



'Feosol' is available as: Tablets, Elixir and Spansule® capsules SMITH KLINE & FRENCH

New freedom from embarrassment and distress of psoriasis!

Alphosyl

DISAGGREGATES PSORIATIC SCALE

In vitro studies show that the keratin-dispersing action of allantoin is exceptionally effective in disaggregating psoriatic scale.^{1,2} It apparently acts on an abnormal cement substance between cornified

cells.^{2,5} Coal tar, too, helps break up the horny layer.² Together, these agents provide rapid clearing of psoriatic lesions as well as the underlying inflammation and erythema.

ALPHOSYL Lotion, used by many physicians both in routine practice and in carefully controlled studies, proved highly successful.^{2,4-7} The lotion permits complete avoidance of the potential hazards of certain other methods of treatment, such as superficial x-ray, heavy metals and corticosteroids.⁷

Advantages: • Treatment-fastness not observed • Cosmetic qualities permit free application to the scalp • Notably safe • May be freely used on tender areas



FORMULA: Allantoin 2% and special coal tar extract 5% in a greaseless, stainless, vanishing lotion base.

BEFORE

AFTER

SUPPLIED: Bottles of 8 fl. oz.

APPLICATION: For maximum therapeutic results rub thoroughly into lesions 2 to 4 times daily. For maintenance apply once or twice a week.

REFERENCES: 1. Fleach, P.: Proceedings Scientific Sension. Toilet Goods Assoc. June, 1998. 2. Samitz, M. H.: Ann. New York Acad. Sc. 73:1020, 1988. 3. Fleach, P., and Jackson Esoda, E. C.: Ann. New York Acad. Sc. 73:999, 1988. 4. Bieiberg, J., and Saltzman, J. A.: Clin. Med. 3:485, 1988. 5. Bleiberg, J.: Ann. New York Acad. Sc. 73:1028, 1988. 4. Clyman, S. G.: Ann. New York Acad. Sc. 73:1032, 1988. 7. Weish, A. L., and Ede, M.: Ohio M. J.: to be published.

For psoriasis with acute inflammation

Alphosyl-HC

Alphoryl with 0.2% hydrocortisone Supplied in bottles of 4 fl. or.



REED & CARNRICK Kenilworth, New Jersey

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in cardiac edema of varying severity weight loss ranged from 4 to 45 lbs.on HYDRODIUR

increased potency-without corresponding increase in side effects

280 MEDICAL ECONOMICS · JUNE 6, 1960

Sackner, M. A., Wallack, A. A. and Bellet, S.: Am. J. M. Sc. 237:575, (May) 1959.



"The severity of the congestive heart failure...was as follows: Class IV (9 patients), Class III (5 patients), and Class II (1 patient)."..."Weight loss ranged from 4 to 45 pounds over a period of 3 to 17 days with an average of 2.4 pounds a day."

DOSAGE: One or two 50 mg. tablets of hydroDIURIL once or twice a day.

SUPPLIED: 25 mg. and 50 mg. scored tablets HYDRO-DIURIL (Hydrochlorothiazide) in bottles of 100 and 1,000.

HYDRODIURIL is a trademark of Merck & Co., Inc.

Additional information on hydroDIURIL is available to the physician on request.



MERCK SHARP & DOHME

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MEDICAL ECONOMICS · JUNE 6, 1960 281

ects

the law of the profitable middle is often driven to treat as one.

In many operations, then, the majority's presumed taste dominates the scene more than even its numbers entitle it to. There is no right of proportional representation on television. And in buying automobiles, a minority taste finds itself forced to choose among several designs it may not like. It is thus recorded in favor of one or the other, while actually happy with none.

The pull of the profitable middle thus works to increase the distortion of the American Image, for it seeks out and accents the sameness in us all.

Fragmented Man

Let us now turn from such a society to the man who inhabits ît.

The poor earnest American spends his days importuned to keep to the right, to curb his dog, move to the rear, watch where he is going, dim his lights, throw trash here, not smoke there, fasten his seat belt, face the front, not stand here or park there.

He is asked to remember the

blind, the helpless, and Pearl Harbor; he is tempted with fattening foods and warned to watch his weight; he is urged to think this and told not to think that; he is solicitously invited to go into debt to pay for a car, a TV set, or a vacation-and urged to be thrifty.

He is asked to consider the Jews, reminded of Arab refugees. and cautioned to be kind to minorities; and he is asked why he also doesn't relax.

He is told that everything is done for his listening, smoking, or dining pleasure. He is the end man of all production, the object of every politician's affection. And yet, if he subconsciously feels that there is something wrong in American life today, something for which he may be partly at fault, he feels helpless to correct it.

No wonder critics find significance in the fact that his favorite character in fiction is the lone cowhand who goes his own gait and is in control of his circumstances.

But we can no longer go it Continued on page 286 preferred for the treatment table because

helps clear topical infections promptly

Neo-Polycin® provides neomycin, bacitracin and polymyxin, the three antibiotics preferred for topical use because these agents are rarely used systemically. This combination is effective against the *entire* range of bacteria causing most topical infections...has a low index of sensitivity...and does not interfere with wound healing. And Neo-Polycin provides these three antibiotics in the unique Fuzene® base, which releases a higher concentration of antibiotics than is possible with grease-base ointments.

Each gram of Neo-Polycin contains 3 mg. of neomycin, 400 units of zinc bacitracin and 8000 units of polymyxin B sulfate in the unique Fuzene base. Supplied in 15 Gm. tubes.

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NEW AND EXCLUSIVE

FOR SUSTAINED TRANQUILIZATION

MILTOWN (meprobamate) now available in 400 mg. continuous release capsules as

Meprospan-400

JUST ONE CAPSULE LASTS ALL DAY

Meprospan-400

MILTOWN® continuous release capsules

HIGHER POTENCY FOR GREATER CONVENIENCE

- relieves both mental and muscular tension without causing depression
- · does not affect autonomic function
- does not impair mental efficiency, motor control, or normal behavior
 - Usual dosage: One capsule at breakfast,

one capsule with evening meal

Available: Meprospan-400, each blue

capsule contains 400 mg.
Miltown (meprobamate)
Metrospan-200, each yellow
capsule contains 200 mg.
Miltown (meprobamate)

Both potencies in bottles of 30,

WALLACE LABORATORIES, New Brunswick, N. J.

CHE-8423

alone as individuals any more than we can as a nation. Far more than in the days when a family grew its own food and shot its wardrobe, we have become a collaborative society. Others grow our food, make our clothes, build our houses, provide us with heat.

Togetherness Rampant

Our collaboration goes deeper than that. Almost everyone in America today is, in his work, constructing something that is only part of a whole. We are part of what we can only partly control, whether in factories, design rooms, theatres, or city rooms.

In our domestic lives, we are in a similar collaborative relationship. Our schools, our shops, our golf courses, our highways and railway schedules depend on forming communities of need.

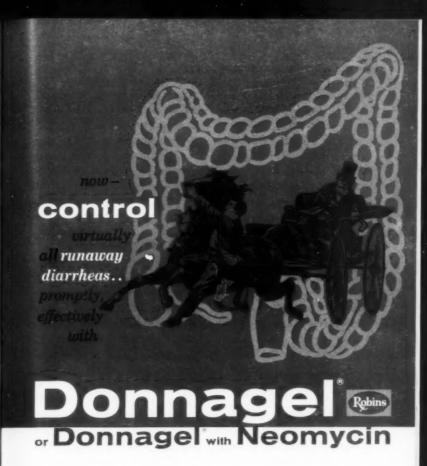
Splinter Specialists

We have become like stacked rifles, standing together and incapable of standing alone. The very technology that makes our living simpler makes our society more complex. So many knowledges must go into all our operations these days that the ablest is driven to specialize. The more specialized he becomes, the fewer jobs there are to be had, and the more helpless he is to do anything els. It has been estimated that 30,000 scientific articles are published throughout the world each week. Even to keep abreast in one's own field is a heady enough task.

Our Tongue-Tied Best

Specialists are apt to become efficiently pointed, like a projectile, but not rounded enough to be human. And their proper humility about what they do not know in other fields sometimes becomes an evasion of responsibility for the effects of their labors.

Specialization and fragmentation do not end with the technologists. It is understood that comedians have joke writers; it is assumed that movie actors do not write the testimonials for the products they recommend but do not use. The President of the United States also has ghost writers—to whom he may or may



Prompt and more dependable control of virtually all diarrheas can be achieved with the comprehensive Donnagel formula, which provides adsorbent, demulcent, antispasmodic and sedative effects-with or without an antibiotic. Early re-establishment of normal bowel function is assured-for all ages, in all seasons.

,	DMMAGET: IN SHEET 30 CE. (1	H. OZ.J	
	Kaolin (90 gr.)	6.0	Gm.
	Pectin (2 gr.)	142.8	mg.
	Hyoscyamine sulfate	0.1037	mg.
	Atropine sulfate	0.0194	mg.
	Hyoscine hydrobromide	0.0065	mg.
	Phenobarbital (1/4 gr.)	16.2	mg.

DONNAGEL WITH NEOMYCIN	
Same formula, plus	
Neomycin sulfate	300 mg
(Equal to neomycin base, 2)	10 mg.)

A. H. ROBINS CO., INC., Richmond 20, Virginia . Ethical Pharmaceuticals of Marit since 1870

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not outline his ideas in advance.

In the name of efficiency, all this is useful. Yet the result is the creation of a bogus persona. How is the historian of the future to measure a modern President's thoughts—by searching out the marginal corrections he made on what someone else wrote for him?

I remember once, in more trusting days, attending with some anticipation a small luncheon given by Life for a famous stage star who excelled in sophisticated comedy. His arch manner, his dry delivery of scathing wit was celebrated from coast to coast.

The Synthetic Man

At our lunch, all of us listened eagerly every time he opened his mouth, ready to admire, ready even to be crushed by his wit if only to enjoy it. But out of his mouth came only commonplaces. Without his author, he was a clothes dummy and a trained larynx.

Our civilization has become so complex that it requires interlocking skills. We contribute our fragment of talent and effort to a whole, and we yearn for reassurance that what we do matters. We are apt to be spiritually dissatisfied in our work, but not materially discontent. Although corporations once had to be prodded into looking after their help, they now sometimes outrun the unions in suggesting benefits.

Service With a Scowl

Just as in the modern army the ratio of men behind the lines to the man up front continually widens, so in the modern corporation is there a trend toward continued expansion in the carpeted echelons.

Fewer people now want to be making the product: all want to be on top of the process: marketing it, packaging it, distributing it, with congenial surroundings to work in, coffee breaks as a matter of course, and expense accounts if possible. Everyone is engaged in the pursuit of jobs that do not require "dirty hands."

It is not alone heavy jobs that are considered degrading. Jobs that involve "waiting on" some-

Continued on page 292



... for more effective pain relief

Ascrip

particularly suited for arthritic patients

Combining the antacid MAALOX® with aspirin increases both absorption and utilization of the salicylate. As a result, ASCRIPTIN acts twice as fast as plain aspirin and analgesic action lasts much longer due to maintenance of higher plasma salicylate levels.

Gastric irritation seldom occurs with ASCRIPTIN even when large doses are given over prolonged periods.

Of particular value in arthritis and rheumatic disease, ASCRIPTIN is an excellent salicylate for routine use.

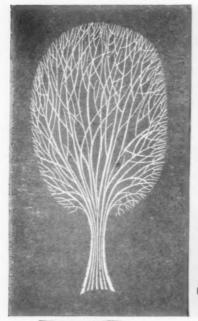
Formula: Acetylsalicylic acid 0.30 Gm., MAALOX (magnesium-aluminum hydroxides) 0.15 Gm. Offered: Bottles of 100 and 500.



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MEDICAL ECONOMICS · JUNE 6, 1960 2RQ





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FULL OR GREATER /// V/VO ACTIVITY-effective control in a wide range of infections

SUSTAINED ACTIVITY LEVELS—greater stability in body fluids, prolonged retention, resistance to

Capsules, DECLOMYCIN Demethylchlortetracycline 150 mg., bottles of 16 and 100. Dosage: average adult, 1 capsule four times daily.

Pediatric Drops, DECLOMYCIN Demethylohlortetracycline 60 mg./cc. (custard flavor) in 10 cc. bothe with calibrated dropper. Dosage: 1-2 drops (3-6 mg.) per pound body weight per day—divided into 4 doses.

LEDERLE LABORATORIES





Demethylchlortetracycline Lederle



degradation . . . continued effect on interruption of dosage

"EXTRA-DAY" ACTIVITY-protects against relapse or secondary bacterial attack after stopping dosage

New Syrup, Cherry-Flavored, DECLOMYCIN Demethylchlortetracycline 75 mg./5 cc. teaspoonful in 2 az. bottle. Dosage: 3-8 mg./lb./day-divided into 4 doses.

Precautions: The use of antibiotics occasionally may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential.

a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.



RIES

one else have come to seem undemocratic. The serving class no longer feels the need to defer to anyone; it is willing to do so only if well tipped, to show that its labor is not lightly volunteered.

We may be pleased that in America no one need any longer feel servile. But in a housemaid who resents her mistress' leisure or a waitress who dislikes serving others, emancipation often expresses itself in the right to be sullen, rude, and slothful. For an American, any service must be without a feeling of inferiority.

A mechanic works for others but does not feel menial. Though he may be greasy, he is doing something that those who hire him probably cannot do. This gives him self-respect.

Downfall of Quality

But as America becomes more and more a land of high wages and short hours, of labor-saving devices and of bulk manufacturing processes, we are confronted by a decline in craftsmanship. Who has not returned some expensive but defective automobile or appliance only to be told by a

disinterested foreman, after hearing the defect described: "Oh, they all do that"?

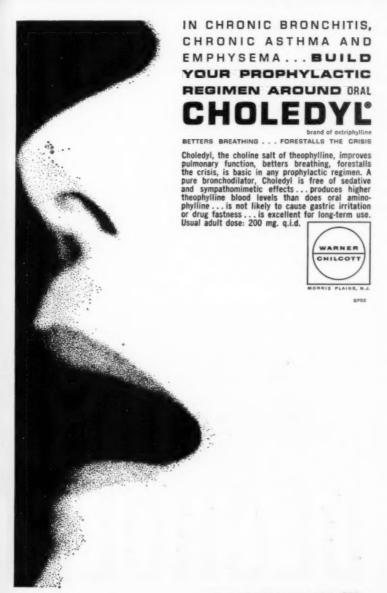
The fragmenting of effort means that men of good heart and goodwill find themselves busy at work that makes full demands of their energy but sometimes less demand of their best. The most frequently heard complaint in American business life is the desire to "escape the rat race."

The Poverty of Plenty

We live our businesses with such intensity that we relax nervously too: drinking, watching thrillers or fights, listening to hectic music. We often ask that even our leisure pleasures be screened first.

We demand that theatre critics return a definitive one-, two-, or three-star verdict on plays; we do not want to waste time or money on the half-good. Best-seller lists guide our reading, and hit parades our listening. We have become a land of digests, of quick summaries and of "briefings."

To some extent, our pace compels this attitude. But it also re-



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sults from the complexity of choice put before us. Out of our riches has come a kind of poverty, the poverty of speed and saturation, and a bewilderment of attractions.

Seductive Mediocrity

Those powerful forces in our society who aim their arts at the most of us, at that enormous middle between low and high, have given us a waist-high culture. Radio, cinema, and television are awash in the mediocre and the hackneyed; yet their im-

pact is more powerful than anything else around. Against their pervasive reach, the chaste virtues of education must ever be at a disadvantage.

Teachers are told that the reason education's values do not predominate is their fault: They should make their instruction more interesting. But they cannot hope to match the vividness, the frivolity of subject matter, or the resources of those vast organisms that do not claim to teach, yet fill the mind.

We are at the mercy of our

IN MEDICAL AND PREOPERATIVE MANAGEMENT OF BILIARY TRACT DISORDERS

"therapeutic bile" for effective hydrocholeresis to combat bile stasis by flushing the biliary tract with thin, natural bile



....

DECHOUR Tablets (dehydrocholic acid, AMES)

DECHOLIN

294 MEDICAL ECONOMICS · JUNE 6, 1960



but she needs your help to plan her family

Delfen

Preceptin

THE MODERN CHEMICAL SPERMICIDE

THE SPERMICIDAL GEL WITH BUILT-IN BARRIER

PRESCRIBED WITH CONFIDENCE FOR SIMPLE, EFFECTIVE CONTRACEPTION

blessings. We are faced with the likelihood that all our luxuries—our cars, our television, our conveniences—will diminish us as a people. We are prisoners of what we have called progress.

Our Lost Elite

Intellectual isolation is felt in America by thousands whose daily work is lost in larger wholes—among law clerks, bank officers, chemists, researchers, engineers, corporation executives, salesmen, designers. Their work requires a cultivated narrow skill and nearly all their energy. But since it does not bear their individual stamp, it does not fully gratify them or give them identity in the public eye.

Most such people, I think, have an exaggerated sense of how cut off they are from their crasser countrymen. They do not realize that the United States is full of noncolliding elites like their own.

So often intellectuals ignore how they themselves are counted by those who do not know them. For we are all among the ignorant. We are all unconsciously members of majorities who are not knowledgeable in astronautics, frescoes, or woodcraft.

Furthermore, we all have interests of work or play that we pursue seriously. In these fields, we may insist on severe standards; but in relaxing outside them, we indulge in pursuits that others take seriously but we do not.

Here we become part of the undifferentiating majority. A widespread audience for a television comedian may include giggling schoolgirls with empty heads and lonely old women with nothing to do; but it may also include nuclear scientists relaxing.

If we all could see ourselves plainly, we would discover that while we think ourselves insistently individual, someone else is including us in a mass. We might see that we are all *We* and at the same time part of *They*.

The Silent Rejectors

I believe that there are millions in America whose way of life is an inarticulate protest against the values of our society. They have no taste for it and are

New Effectiveness

... for VAGINITIS:



Vaginal Suppositories

-soft and pliant as a tampon-white, odorless, non-staining-the suppositories bring new ease and new effectiveness to treatment of vaginitis.

ELIMINATE SMEAR EXAMINATIONS

Milibis vaginal suppositories are effective in trichomonad, Candida (monilia) as well as mixed and bacterial infections—thus laboratory identification of the offending organism is unnecessary.

THERAPEUTIC REGIMEN IS SHORT AND SIMPLE

A total of only 10 suppositories (one inserted every other night) has given a remarkable rate of cure of over 90 per cent in two large series of cases. Milibis vaginal suppositories are easily inserted high into the vagina and form a tenacious film which coats the cervix and rugae, killing pathogens on contact. Non-staining, well tolerated.

*Except when genorrheal infection is suspected.

Now supplied with plastic applicator

- SANITARY
- . INSURES CORRECT SUPPOSITORY PLACEMENT



SUPPLIED: BOXES OF 10 with applicator.

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Milibis (brand of glycobiersel), tradomark reg. U S. Pat. Off.

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content to be what they are. Such people are the rejectors of our society—but not rebels.

These noncolliding elites, I am convinced, are more numerous than they imagine themselves to be. And their self-inflicted solitude is more injurious, and less necessary, than they realize.

They tend to be elites of function—in law, in medicine, in science, in industry. If their true value is not sufficiently felt in the American consensus, it is because they have let only their work speak for them. They hesitate to come out into the light. The impulse of the fastidious is to isolate themselves in disapproval from our waist-high culture. But in abandoning any contribution of their own, they have forfeited the right to criticize.

The argument for elites is that if there are people who feel superior responsibility, they should assume it; if they are against dead levels, they need not sink to one. They must pull away from the crowd—not because they feel above it (they may not



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oral penicillin therapy
that costs your
patients less

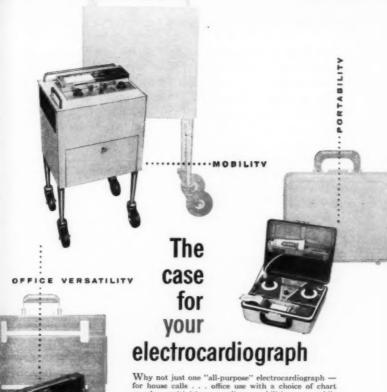
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Squibb Quality - 11
Priceless Ingredien

Available in these convenient dosage forms: Pentids '400' Tablets (400,000 u.) • Pentids '400' for Strup (400,000 u. per 5 cc. when prepared) • Pentids Tablets (200,000 u.) • Pentids For Strup (200,000 u. per 5 cc. when prepared) • Pentids Stabets (200,000 u. with 0.5 triple sulfas) • Pentids Capsules (200,000 u.) • Pentids Soluble Tablets (200,000 u.)

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Why not just one "all-purpose" electrocardiograph—for house calls . . . office use with a choice of chart speeds, sensitivities, recording capabilities . . mobile "heart station" use in clinics and hospitals? Because each need calls for specific, individual instrument characteristics — as found in these three Sanborn electrocardiographs.

The Sanborn Model 300 Visette weighs only 18 pounds, is as small as a brief case, has rugged, largely transistorized circuitry. The Model 100 Viso-Cardiette is also portable, but expressly designed for use where the versatility of two chart speeds, three sensitivities, and provision for monitoring and other types of recording are desired. The third Sanborn instrument is the Model 100M "Mobile Viso" — identical in circuitry to the 100 — but in a mobile cabinet of either mahogany or rugged, stain-resistant plastic laminate.

Each ECG has particular usefulness... and each offers proven design and performance. Ask your nearby Sanborn man to demonstrate the instrument of your choice — designed for your needs.



gredient

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be, in all things) but because they recognize a call to follow a superior necessity.

What is lacking, in this free country at this fluid moment, is the realization that if we do not like the image of America that we see about us, we need only to recognize that much of it is imposed upon us by those who have need of us. And it is further made by our own indifference, which leaves to them the field.

Time for New Outlook

It may be possible to change all of this, but it will be done only by a gradual reversal of what we esteem most as a society—and what we reward most.

Americans are not the inventors of the modern world's disorder; but we have been pioneers in the exploration of change and are familiar with unsettled frontiers. We are best fitted to make order out of the prevailing chaos if anyone in this day and age is.

We have strength and health; we are not hopelessly set apart by faction; we are not beaten, decadent, or corroded. We are not slaves of a system of equality by machine gun, and we can make our wishes effectively known. We are old hands, with some knowledge of the terrain, and are quick to learn. The American Experiment is still relevant to the world.

The Weapon of Merit

Sometimes I dream of a land where patriotism is not considered a superiority to others but a pride in being the hospitable center of the best from everywhere; where differences in color and race are not falsely denied but make a competition in being the best; where justice inhabits the courts, wisdom the legislatures, and honor the markets; where duty is followed, but in no dull way, and pleasures are lighthearted; where grab is despised and giving prized; where men are not angels but do not make a business of being devils; where nobility is not mere respectability and virtue does not produce a snigger; where enemies cannot reach us because our merit, and not our guns or our propaganda, has won the world to our side ... It is a disturbing dream.



METRETON TABLETS

regardless of place, regardless of time... effective Rx for food sensitivity—rapidly clears urticaria due to food allergies



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mmm...Bremil

matches mother's milk

...in total infant nutrition with a <u>physiologically balanced</u>, <u>complete</u> formula – for a clinically smoother course of formula feeding

Standard Dilution:

Liquid
1:1 with water, 13-fl.oz, tins.

Powdered

1 level measure

to 2 fl. oz. hot water, 1-lb. tins,

Borden's

PHARMACEUTICAL DIVISION
350 Madison Avenue, New York 17, N.Y.



an easier "formula period" all around-with Bremil

The concept of "matching mother's milk" through the feeding of a physiologically well balanced formula can result in a clinically smoother course of formula feeding, one that eases care-demand on both mother and physician.

Bremil promotes this tranquil growth in many ways. A characteristically "mother's milk" level of well utilized efficient protein encourages excellent growth but helps avoid excessive renal solute load, thus guarding against stress-induced

dehydration. A fatty acid pattern like mother's milk minimizes digestive upset and maintains skin integrity. Lactose, the sole carbohydrate, sustains normal intestinal flora and helps avoid perianal dermatitis.

Additionally, fortification with methionine often eliminates the problem of diaper rash. Hyperirritability is minimized by adjustment to a more nearly physiologic Ca:P ratio of 1½:1 (a ratio not available by any other liquid formula product). Finally, controlled multivitamin fortification adds both protection and convenience.

ADVERTISEMENT

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Mull-Soy offers "a way back" for each case of milk sensitivity

More than a million babies with cow's milk sensitivity have been successfully fed with MULL-Soy, the flexible hypoallergenic formula base.

Since food allergy creates clinical problems requiring *individualized* management, the disadvantages of a "fixed" formula are apparent.

MULL-Soy, however, provides all the management flexibility of evaporated milk, and may be used in the same way.

Type and quantity of carbohydrate-and degree of dilution-can be adjusted to the needs of each case. Yet MULL-Soy assures well tolerated protein for good growth, a fat content high in linoleic and the other important unsaturated fatty acids, and dependable relief from milk-allergy manifestations such as eczema, asthma, persistent rhinitis, hyperirritability, colic, diarrhea, vomiting (pylorospasm), and nasal stuffiness.

Other essential nutrients such as vitamins A, D, C, the B vitamins, and iron should be added to the diet at the physician's discretion.

ADVERTISEMENT

when cow's milk sensitivity disrupts infant feeding

Mull-Soy



the flexible hypoallergenic soybean base with the documented tolerance potential...for sound, well tolerated nutrition suited to the needs of each case

Liquid -15 1/2-fl.oz. tins:

Powdered -

1-lb. tins

Borden's PHARMACEUTICAL DIVISION, 350 Madison Avenue, New York 17, N. Y.

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Watch Out for Those Mutual-Fund Purchase Plans!

Continued from page 71

at the end of six months, charges amount to 53.71 per cent [of the amount invested]; at the end of one year, 52.92 per cent; and at the end of two years, to 30.35 per cent."

Savings at a Price

All this is pictured as a great advantage to the investor. He needs an incentive to save and invest on a regular basis, the argument goes. And what better incentive is there than the prospect of losing half or more of his money if he fails to make regular payment or drops out early?

The truth is that, for most investors, a contractual plan is a bad deal. It's so bad a deal that six states—California, Illinois, Michigan, New Hampshire, Ohio, and Wisconsin—refuse to permit the sale of contractual plans within their borders. The commission charged for the first

year exceeds the maximum allowed by these states on the sale of securities.

Says Illinois' Secretary of State Charles F. Carpentier: Contractual plans are generally sold where "the possibility of discontinuance is great, and where the holder can ill afford such a heavy surcharge upon his poorly advised selection of an investment medium . . . We feel that such plans are grossly unfair to the public."

Much is made of the fact that contractual plans have a higher rate of completion than voluntary plans. Naturally they do! But this fact helps the mutual fund and its salesman, not you. There's no particular advantage to you in committing yourself to a single mutual-fund investment for ten years, come what may. Actually, it often isn't a smart thing to do.

Nest Egg or Millstone?

Suppose the fund you pick turns out to be a lemon. Or suppose your investment objectives change, so that you want to switch to individual stocks or



When your day is done...

So is the paperwork-thanks to the Edison Voicewriter!

No strain in getting essential data down on paper with an Edison Voicewriter. Just "talk away" your work whenever it's convenient—any time of day or night, in your office, on the road, at the hospital, or at home.

Later on, just turn over the Edison Diamond Disc to your secretary or receptionist. She transcribes every word as you dictated it . . . nothing to decipher!

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MUTUAL-FUND PURCHASE PLANS

bonds. Or suppose you become disabled and can't keep up payments.

You can't get out of a contractual plan during the early years without suffering a big loss, no matter what happens. You're locked into a contract. What's more, you've paid for the lock with your own money.

In Case of Death

And what if you die before reaching your investment goal? Under an optional insurance program coupled with most such contracts, the plan buys the number of shares necessary to complete your program. This insurance feature is normally available only under the contractual plans. It has proved an effective sales gimmick. But there's a big question about its real value.

In the first place, the insurance is of the decreasing-annual-term variety. That may not be the kind of coverage you want. But it's the only kind that the contractual purchase plan offers.

In the second place, you pay for this protection. And there's nothing cheap about it. Older physicians may be able to save a little by buying it. But many can obtain the same coverage on their own for less.

There's another aspect of such tie-in insurance programs that can be actually vicious in its effect: The insurance plan pays off not in cash but in mutual-furd shares. True, your beneficiary can sell the shares for cash. But he loses the amount of the sales commission when he does so. Thus, if cash is what your beneficiary needs, he gets about 8 per cent less of it than the life insurance premiums call for.

What About Performance?

It would be worth overlooking all these disadvantages if the contractual plans turned in a better investment performance than the voluntary plans. Do they? Since a number of mutual funds offer both compulsory and voluntary accumulation arrangements, it should be easy enough to compare them. It should be easy—but it isn't.

Most mutual funds don't reveal the data that would make a

Continued on page 310

new clinical proof

J. P., 3-year-old male. Shoulder abraded as result of a fall. Developed a pyodermatitis of 3 weeks' duration.



healed in 6 days with terra-cortril



for prompt remission in many skin disorders

TOPICAL DINTMENT

demonstrably anti-allergic, anti-inflammatory, anti-infective1-3

Contains 3% oxytetracycline hydrochloride (TERRAMYCIN®) and 1% hydrocortisone (CORTRIL®).

Also available:

TERRA-CORTRIL EYE/EAR SUSPENSION for anti-inflammatory, anti-infective action in ophthalmic and otic disorders.

Lubowe: I. I.: Am. Pract. & Digest Treat. 7:962, 1956.
 Niedelman, M. L.: Ibid. 8:1753, 1957.
 Cornbleet, T., et al.: J. Invest. Dermat. 27:61, 1956.

Case report in files of Pfizer Laboratories Medical Department

FFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn, N. Y. (Pfizer) Science for the world's well-beingth



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hospitalized patient with congestive heart failure



5 pounds lost in 4 days; 4+ pitting cleared; hepatic congestion and râles cleared; patient ambulatory



office patient treated for pedal edema and persistently high diastolic pressure



blood pressure reduced from 214/110 to 180/94 mm. Hg within 7 days with Esidrix (and Singoserp): pitting edema cleared



private patient with congestive heart failure; ascites and 4+ edema to the knee



12½ pounds lost in 13 days; basilar râles and ascites no longer present; pitting edema of legs and feet cleared



hospitalized patient with Laennec's cirrhosis





27 pounds lost in 19 days; abdominal swelling and pedal edema cleared



♦ here is how patient after patient with edema and hypertension responds to

ESIDRIX

(hydrochlorothiazide CIBA)

- Esidrix, an improved analog of chlorothiazide, produces high fluid yields and low blood pressure levels
- Esidrix relieves edema in certain patients refractory to other diuretics*
- Esidrix markedly increases sodium and chloride excretion, but its effect on potassium excretion is minimal
- Esidrix is exceptionally well tolerated

*Brest, A. N., and Likoff, W.: Am. J. Cardiol. 3:144 (Feb.) 1959. Complete information available on request.

Supplied: Tablets, 25 mg. (pink, scored) and 50 mg. (yellow, scored).

SINGOSERP® (syrosingopine CIBA)

Z/2003HK

СІВА

MUTUAL-FUND PURCHASE PLANS

direct comparison possible. For example, one major fund publishes the performance record of its compulsory plan over a twelve and one-half year period, because it's set up on the basis of 150 monthly payments. But for its voluntary plan, which has no particular time limit, it shows performance records for periods of ten years, fifteen years, and twenty years.

"You have no facts or figures

to compare, on which to base your selection," says FundScope Magazine, a Los Angeles publication devoted to mutual-fund investments. "You must accept a salesman's word that a compulsory plan 'is for your own good.' On what grounds, based on what comparative data, can you disagree?"

At the recent request of Fund-Scope, one of the leading funds did prepare figures comparing



"Does that mean I'll be spayed?"

ORAL COrilin INFANT LIQUID

Schering

takes the turbulence out of teething (for baby and family)—relieves discomfort and fretfulness... simple dropper administration...valuable also in postinoculation reactions and pruritic conditions



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MUTUAL-FUND PURCHASE PLANS

the actual results of investing in its comparable contractual and voluntary plans. This is what the results showed:

If you'd invested \$100 a month in the fund's contractual plan beginning Jan. 1, 1947, you'd have had a total of \$41,-144 at the end of twelve and a half years. That would have included the cash value of your shares as well as your income and capital-gains dividends. But if you'd put the same amount of money into the same fund's voluntary plan, you'd have had \$43,899—almost 6.7 per cent more.

Remember, this isn't a comparison between the performances of two different mutual funds. The comparison is between what you'd have ended up with if you'd invested the same amount at the same time in the same fund, under the two possible systems. In one case you'd have made a contractual purchasing arrangement; in the other, a voluntary one.

Of course, those figures relate only to one fund over a particular period of time. But it's unlikely that you'd do better with any contractual plan.

Remember that in a contractual plan, most of the commission is deducted in the first year. Thus, your money doesn't begin to buy much in stocks until the second year. You have a year's head start in any voluntary plan.

You might wind up with more under a compulsory plan if the share prices are very high your first year, then drop during the years when more of your money actually goes to buy shares, then rise again just before you complete the plan. But except where that particular market pattern applies, you're sure to do better under a voluntary arrangement.

Why So Popular?

Why do so many people sign up for contractual plans, then? Why has the amount of money going into them jumped 3,000 per cent in the last ten years? One answer is the effectiveness of modern salesmanship.

Make no mistake about it: A lot of hard-driving pressure goes into the sale of mutual-fund contractual plans. And some of the

CHELATED — like the iron of hemoglobin
...clinically confirmed as an effective hematinic¹
...with a built-in molecular barrier against
g.i. intolerance and systemic toxicity.¹² Permits
administration on empty stomach for greater iron
uptake...safeguards children against the
growing problem of accidental iron poisoning.¹³

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GOOD TASTING DOSAGE FORMS FOR EVERY AGE GROUP ALL SAFE TO HAVE AROUND THE HOME

CHEL-IRON Tablets: each tablet provides equiv. 40 mg. elemental iron.

CHEL-IRON Pediatric Drops: equiv. 25 mg, elemental iron per cc.
as delivered by accompanying calibrated dropper.

CHEL-IRON Liquid: for children past the "drop-dose" stage, equiv. 50 mg, elemental iron per teaspoonful (5 cc.).

Also available: CHEL-IRON PLUS Tablets—chelated iron plus B₁₂, folic acid, other B vitamins, and C.

 Franklin. M., et al.: Chelate Iron Therapy, J.A. M.A. 166:1685, 1938.
 A.M.A. Council on Drugs: New and Nonofficial Drugs, J.A. M.A. 171:381, 1939.
 A.M.A. Committee on Toxicology: Accidental Iron Poisoning in Children, J.A. M.A. 178:376, 1939.

KINNEY & COMPANY, INC. Columbus, Indiana



*u 5 PAT 2,679,611

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conf the methods the salesmen use may be downright unscrupulous. For example, many neglect to mention to prospective purchasers that through a voluntary plan they can achieve the very same goal and avoid paying the heavy "front" load.

They Gain, You Lose

It's easy to see why a fund salesman prefers to sell you a contractual rather than a voluntary plan. When you sign up for a \$100-a-month voluntary accumulation plan, the salesman and the distributor collect only about \$100 in commissions the first year. But when you buy a \$100-a-month contractual plan, they pocket more than \$500.

Of course, if you want to invest in a mutual fund on a budget basis and are constitutionally unable to save, it's possible that a contractual plan *might* have some value for you. Even then, you'd be paying for the privilege of being forced to save. And you'd be locked into a single investment for ten years or so, no matter what happened to the stock market or to your income.

In fairness to the contractuals. it should be mentioned that they do have a few minor advantages. The contractuals don't charge a commission when you reinvest capital gains or dividends; many voluntaries do. Contractuals often permit you to borrow against your shares, or even to sell your shares and then buy back later without another commission charge. And if you're investing a relatively large amount of money-more than about \$200 a month-the total ten-year commission for a contractual plan may be somewhat less than for a voluntary plan.

But for the great majority of physicians, a voluntary plan is still the better choice. You can accomplish the same basic goal of investing in fund shares on budget without binding yourself to the fund for ten years. When and if you want to, you can switch investments without penalty.

In short, a voluntary mutualfund accumulation plan has all the major advantages of a compulsory plan, with none of its disadvantages. m

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How Juries Price Pain and Suffering

Continued from page 78

Instead, the plaintiff's attorney introduces the dollar-a-day formula during his summation—or argument—to the jury. The formula usually runs to more than a literal dollar a day. The specific formula for a suggested award: x dollars a day multiplied by y number of days of past and future pain and suffering.

The number of days is usually determined by two sources: (1) witnesses who quote life insurance tables that indicate the probable life expectancy of the plaintiff; and (2) physicians who testify as to the extent and probable duration of the disability.

But who determines the perday dollar figure? The plaintiffs' attorney does, during his opening or closing argument, sometimes in both.

Does he pull his figures out of the air? Not necessarily. But he may start with his total claim say, \$60,000 for pain and suffering—and then work backward in breaking it down into so much per minute, per hour, per day.

Melvin Belli once explained the "dollar-a-day argument" to the Mississippi State Bar Association in these words:

'Start Them Thinking'

"Let's put on the blackboard \$60,000 for pain and suffering... When you break down pain and suffering into seconds and minutes and do it as objectively as this [on a blackboard], then you begin to make a jury realize what permanent pain and suffering is, and that \$60,000 at \$5 a day isn't an adequate award.

"The jurors must start thinking in days, minutes, and seconds, and in [terms of] \$5, \$3, and \$2, so that they can multiply to the absolute figure. Maybe your jurors will feel that \$5 a day is not enough, that it should be \$10 a day ... At least, you have started them thinking."

How does such a tactic work? Here's an example taken from a case decided in Mississippi not long ago. The plaintiff's attorney presented a large chart for the



keep blood flowing to aging extremities for 12 hours WITH JUST 1 PRISCOLINE LONTAB

Priscoline, the reliable vasodilator, is now available in unique long-acting form—Lontabs. Indicated in arteriosclerotic peripheral vascular diseases, Raynaud's disease, thromboangiitis obliterans, postoperative and postpartum thrombophlebitis, and other conditions marked by impaired circulation to the extremities. Complete information available on request. Supplied: Priscoline Lontabs, 80 mg. (15 mg. outer shell, 65 mg. inner core).

PRISCOLINE® hydrochloride (tolazoline hydrochloride CIBA)LONTABS® (long-acting tablets CIBA)

CIBA

HOW JURIES PRICE PAIN AND SUFFERING

jury to see; on the chart he made these claims:

For past pain and suffering, 840 days @ \$5....\$4,200 For future pain and suffering, 13,920 days @ \$5......\$69,600

Apparently, the jury "started thinking," to quote Melvin Belli. At any rate, it upped the final award to \$80,000. And the Mississippi Supreme Court upheld the use of this mathematical formula.

Evaluation Possible?

Was it a fair award? The court's majority said it was. Is pain constant? Can it be legally evaluated as worth \$5 a day every day for nearly thirty-nine years? In many states, the courts seem to agree with the Mississippi decision that it can.

In other jurisdictions, however, no mathematical formula based on the *constancy* of pain is considered possible. For instance, in 1955, the Minnesota Supreme Court disallowed a \$91,670 award because it was based on a constant \$5-a-day claim over a period of forty years and nine months. Said the court: "An award for pain, suffering, and disability on a per diem basis ignores the subjective basis of such damages . . . Each day of suffering is a part of a whole and will vary and generally decrease as time goes on."

Later, a U.S. District Court judge carried this view a step further. In awarding \$20,400 for pain and suffering to a 64-year-old dockworker who'd been severely injured in a Great Lakes shipyard accident, the judge explained his formula as follows:

One Court's Formula

"For the first month of great misery and suffering—\$100 a day, totaling \$3,000 for the month. For the second month—\$50 a day, for a total of \$1,500. For the next four months—\$20 a day, for a total of \$2,400 . . . For the balance of his life [expectancy]—\$100 a month, or \$1,200 a year, for [eleven] years and three months, making a total of [\$13,500]. Over-all total [to be paid in a lump sum]: \$20,-400."



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why Willoughby was perplexed



SURGICAL RESIDENT: I hear that Willoughby, one of our interns, was puzzled about the Chief's recommending AZOTREX for Mr. Blaine's bladder infection. Did Willoughby really lecture the Chief on the evils of combination antibacterial drugs? UROLOGY RESIDENT: He did, but the Chief straightened him out. He admitted that combination's are often misused. But Mr. Blaine, with a bladder infection, was in pain, and furthermore it will take a couple of days before we get the lab report. Mixed in ections are common, And since the tetracycline and sulfa in AZOTREX are effective against the gram-positive and gram-negative bugs usually found, we could start therapy right away. SURGICAL RESIDENT: Makes good sense, so far. UROLOGY RESIDENT: Also, the good blood levels with tetracycline phosphate complex help eradicate the deeper foci of infection and sulfamethizole gives high urinary sulfa concentrations without crystalluria. SURGICAL RESIDENT: Say, how come you remember so much? Are you reviewing pharmacology for your "boards"? UROLOGY RESIDENT: I jotted down some notes. Anyway, the Chief likes the way the azo dye in AZOTREX rapidly relieves pain. Also, it is easier for a sick person to swallow a single capsule instead of three. SURGICAL RESIDENT: A sound approach.

How about lunch?

UROLOGY RESIDENT: Good idea. Shall we go to the staff lounge?



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HOW JURIES PRICE PAIN AND SUFFERING

Obviously, then, there's disagreement among courts and among lawyers on how to arrive at a dollar evaluation of pain and suffering. But though they disagree on the type of yardstick to use, there seems to be basic agreement that *some* allowance for suffering should be made.

Even the Pennsylvania Supreme Court, which is outstandingly unsympathetic toward price-tag formulas, has said: "Some allowance has been held to be proper. But in answer to the question 'How much?,' the only reply yet made is that it should be reasonable in amount."

Reasonable? Of course. But by whose standards?

In Pennsylvania, the basic rule is this: "Damages are to be ascertained by the jury from the evidence, and are not to be determined by any estimate of counsel not based on the evidence." And the New Jersey Supreme Court has taken a similar stand: It has ruled that blackboard computations of the kind I've been discussing are merely "speculation by argument," and that they give the



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25 mg. 250 mg. 50 mg.

HOW JURIES PRICE PAIN AND SUFFERING

plaintiff an unfair advantage over the defendant.

The prime purpose of such suggestions, says the New Jersey Court, "is to instill in the minds of the jurors impressions, figures, and amounts not founded or appearing in the evidence." And it points out that any such argument is almost impossible to defend against, because the defense counsel who argues that the plaintiff's suffering isn't worth \$10 a day but only \$1 a day is thereby accepting valuations "incapable of proof."

Adds the Court: "By doing so, he fortifies his adversary's implication that the law recognizes pain and suffering... as capable of being evaluated on such [a mathematical] basis."

But Pennsylvania and New Jersey aren't the whole nation. Only one other state—Delaware—specifically refuses to permit plaintiffs' attorneys to advise juries of dollars-and-cents claims for pain and suffering.

Three of the rest (Indiana, Mississippi, and Missouri) have specifically approved the use of charts or blackboards to set forth mathematical computations. And in most other places, it's entirely up to the trial judge to decide whether to permit or bar the "dollar-a-day" technique. In some jurisdictions, jurors may even take notes from figures cited in the counsel's argument.

Recently, I had a chance to talk with a defense lawyer who has made a state-by-state study of the law's attitude toward claims for pain and suffering. Said A. Lee Bradford of Miami, Fla., who has defended many physicians in malpractice actions:

Courts Confuse the Issue

"It's a maddening thing to try to figure out. With only a few exceptions, appellate courts that make the law in the various states won't take a definite stand. In my state, for example, the appellate courts have approved some rulings by lower courts refusing to permit plaintiffs' attorneys to use a blackboard. Then they have turned around and upheld other lower courts for permitting similar use of the blackboard.

Continued on page 326

first choice for MIGRAINE recurrent, throbbing "sick" headaches ... $CAFERGOT^*$

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"Most of the confusion and conflict in the various states is brought about by just such a failure of the appellate courts to take a definite stand. And it's obvious that this situation works to the disadvantage of physicians in malpractice suits. Wherever plaintiffs' attorneys are allowed to indulge in mathematical speculations, malpractice and personal-injury awards are much higher than they are elsewhere."

"Is there anything doctors can do about the situation?" I asked.

What Doctors Can Do

Bradford thought a minute. Then he said: "I'd suggest that they take a more active interest inwhat's happening in the courts. Every physician who truly understands the reasons behind some of the big verdicts will want to support legislation to halt a dangerous trend.

"I'll tell you what I mean.

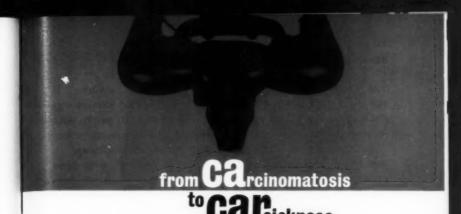
Around forty-two states now
permit dollar claims for pain and
suffering. But most of these states
haven't yet ironed out the law on
how such claims can be presented.

"For example, many of them permit use of the blackboard to itemize losses that can be determined from the evidence—items such as earning capacity and life expectancy. No one, I think, objects to this. But a large number of today's verdicts are based on blackboard use of dreamed-up statistics that aren't based on evidence. That's what we object to.

"In some states, there are court appeals pending that may very well result in barring such speculation. As I see it, it's possible that court decisions in some nineteen states may do the job. But in twenty-three others, new laws may be required.

"So it's in the legislature that physicians can help. They're active enough in legislation that directly affects them—licensure, for example. Why not in something that has a bearing on malpractice suits and malpractice rates?"

This line of reasoning makes sense to me. I don't think physicians want to keep the size of jury verdicts down just for the sake of keeping malpractice rates down. I think most doctors sympathize





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HOW JURIES PRICE PAIN AND SUFFERING

with the badly injured patient and want him to get a fair and just award in court. They want to see justice done.

At the same time, the medical men I know are outraged by exaggerated awards based on purely sentimental and fanciful standards. If you feel the same way, why not find out how your own courts handle the elusive question of pain and suffering? If you're not satisfied with the way they're handling it, maybe your state legislature can do something to bring about a change.

At any rate, it's a problem worth talking over with your own lawyer and with your medical society's legislative committee. The stakes are high—and it's your money!

ublic relations

It was a bad day at the office. I was behind schedule. The waiting patients were grumbling impatiently, especially two elderly ladies who sat together and shot barbed glances at my receptionist from time to time.

Then a good friend of mine, a public relations man, entered the reception room. His purpose: to discuss a fishing trip with me. Seeing the restive crowd, he hesitated for a moment. Then, with an apologetic glance at the two old ladies, he strode up to the desk. In a somber voice, he asked to see me for a moment "on a personal matter of the greatest importance." Being a tall, mustached, good-looking rascal, he carried it off beautifully.

After making the fishing arrangements, he marched back through the waiting room. He paused by the two old ladies and looked at them gravely. "Without doubt," he said solemnly, "that is the greatest man I have ever met. But sorely though he is needed, I cannot persuade him to run for Senator."

The rest of the day was fine. Everybody became very pleasant.

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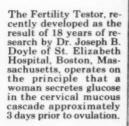
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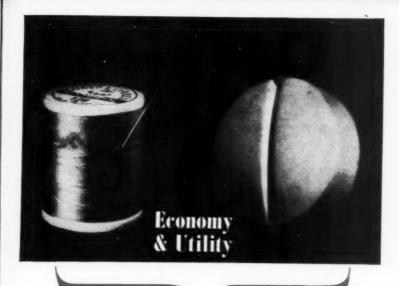
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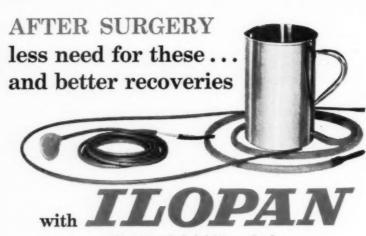
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Memo

From the Publisher

Personal Business

Earlier this year in Boston, several hundred doctors and wives attended the first Medical Economics Forum-an all-day program of personal business guidance sponsored by Medical Economics, Inc. From 9:30 A.M. to 10:30 P.M., they listened to and fired questions at twelve top experts from all over the country. Afterwards, the doctors were invited to comment candidly on the proceedings, and well over half did so in writing. More than 85 per cent of their written comments read like rave notices, suggesting strongly that doctors elsewhere were missing out on something good.

"Congratulations! It's the first time I ever spent a whole day listening without once getting tired," said a doctor from Warren, R.I.

"Traveled over 100 miles worth every bit of it," said a Sanford, Me., physician.

"Terrific idea!" said a doctor from Brookline, Mass. "Keep up the good work and make it available to others." Spurred by such endorsements, the Medical Economics Forum is moving to Philadelphia this month, to New York City this fall, and to major Midwestern and Western cities soon after. What can doctors in those areas expect? They can get some idea from the program scheduled for June 22 at the Sheraton Hotel in Philadelphia. Among its highlights:

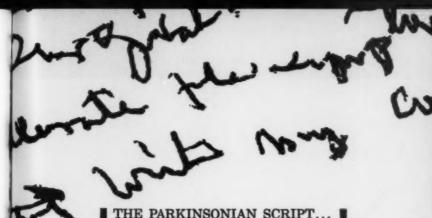
¶ "The Business of Practicing Medicine," a "cram" course in the best ways to save time, money, and effort in the medical office. Main speaker: Horace Cotton.

¶ "Answers to Your Most Troublesome Fee Problems," a report based on a special study commissioned by Medical Economics, Inc. Main speaker: Donâld F. Gearing.

¶ "How to Minimize Your Legal Risks." Main speaker: MEDICAL ECONOMICS Consulting Editor Dr. Alfred P. Ingegno.

¶ "How to Manage Your Money." Main speaker: Prentice-Hall's Albon P. Man Jr.

Following each of these presentations, other experts will join the speakers in answering doctors' questions on the spot. "This alone was worth the registration fee at Boston," a Pittsfield, Mass., practitioner has written us. You'll soon have a chance to see why in Philadelphia, New York City, and points west. —LANSING CHAPMAN



THE PARKINSONIAN SCRIPT.

. rigidity, tremors, and contractures - all respond to the long, cumulative action of COGENTIN (a bedtime dose often controls symptoms for 24 hours1). Cogentin also exerts "a highly selective action against ... fixed facies, dysphonia, dysphagia, faulty posture, muscle cramps, and 'freezing' of the legs."2 Parkinsonism due to tranquilizer therapy "is easily alleviated by COGENTIN,"3 even after other drugs fail.4

Dosage: Dosage must be individualized. In arteriosclerotic, idiopathic, or postencephalitic parkinsonism, the usual dosage is 1 to 2 mg, daily, with a range of 0.5 to 6 mg. daily. In parkinsonism induced by phenothiazines or rauwolfia compounds, the recommended dosage is 1 to 4 mg. once or twice a day.

Additional information on Cogentin is available to physicians on request.

Now available: Injection Cogentin, 1 mg. per cc., ampuls of 2 cc. Also available: Tablets Cogentin (quarterscored), 2 mg., bottles of 100 and 1000.

References: 1. A.M.A. Council on Drugs: New and Nonofficial Drugs 1959, Philadelphia, J. B. Lippincott Company, 1959, p. 252, 2. Doshay, L. J.: J.A.M.A. 162:1031, 1956. 3. Ayd, F. J.: Clin. Med. 6:387, 1959. 4. May, R. H.: Am. J. Psychiat. 116:860, 1959.

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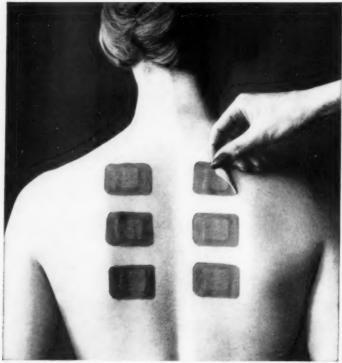
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where certain skin conditions require a pure, gentle soap, *Draize, J.H., Dermal Toxicity, Food Drug Cosmetic Law J., 10:722-732 (Oct.) 1955. (Above test is a slight modification of the one described in reference.)

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